FOR

REGISTRAR

ALVIN

b. COUNTY

MALE

NEW YORK CITY

23a BURIAL CREMATION, REMOVAL

BURTAL/ REMOVA

To. BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

RANDALLSTOWN

MARYLAND 4 FATHER'S NAME

1. DECEASED NAME

- STATE

TYPE OR PRINTS

3 SEX

STATE OF MARYLAND

5. DATE OF BIRTH

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

BALTIMORE

AKA

JACK

WHITE

USA

76 CITIZEN OF WHAT COUNTRY?

4 RACE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

APRIL 15, 1887

MARRIED NEVER MARRIED

DIVORCED

CERTIFICATE OF DEATH

REG. NO 20 DATE OF DEATH MONTH 2b. HOUR FEB. 15,1985 12:15AM 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE COUNTY 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR WORK FOR MOST OF WORKING LIFE N.Y. TRANS AUTH. 130 STREET ADDRESS / ZIP CODE (21215) 2500 W. BELVEDERE AVE. APT. 1115 15. MOTHER'S MAIDEN NAME MIDDLE AUGUST ADDRESS BALTO.MD.

MIDDLE LAST JOSEPH ADELSON JULIA 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT WALTER ADDISON 6349 RED CEDAR PL. (2128) WW I ARMY 063-10-0659 8 CAUSE OF DEATH (Enter only one cause per l PART I DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a), stating CERTIFICATION IN CERTIFYING CAUSES OF DEATH? NOV YES 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY OFFICE, FARM ETC) NOT WHILE 220.1 certify tha (this haspital) attended the deceased from saw the deceased alive on abave. (1) ve) (did) (did not ... and that in (my) (aur) apinian death accurred on the date and haur and from the couses stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22 ADDRESS R. GERALD OSTER 3536 Old Court Rd. (21208)

23c. NAME OF CEMETERY OR CREMATORY

BETH OLAM FIELDS CEM

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR LEVINSON & BROS. ADDRESS 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215)

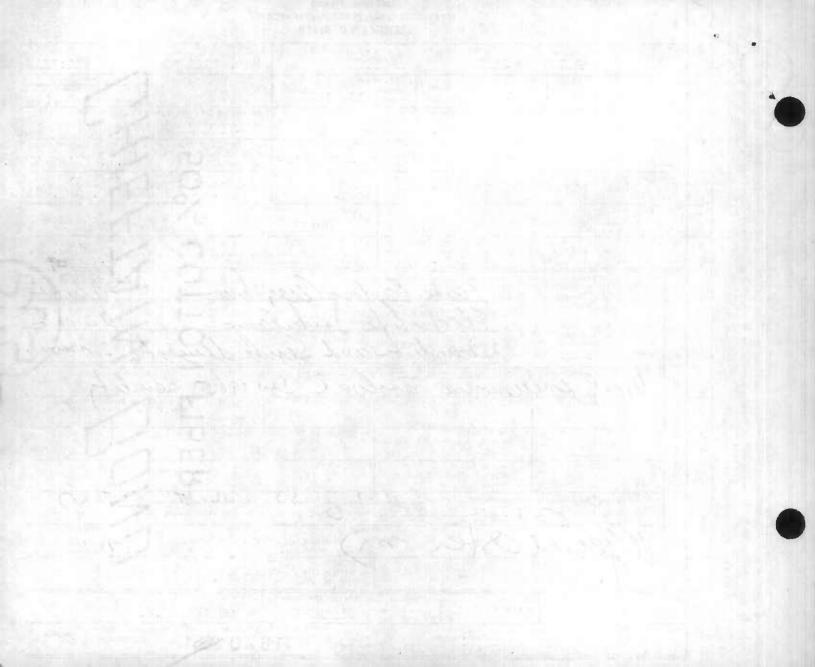
236 DATE

2/17/85

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BROOKLYN, N.Y.

STATE



1 -	STATE REGISTRAR			DEPA		EALTH AND MENTAL H	YGIENE REG.	NO.		
	CEASED NAME FOR PRINTS	VILHE L		(nmn)		DKINS	20 DATE OF DEATH	2 2	7 185	3:25A M
	EMALE	ı	RACE White		S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST 69 9 BALTIMORE CITY	YRS.	IF UNDER I YEAR	HOURS MIN.
M	aryland	//	USA	WHAT COUNTI	WIDOWE		BALTIM	ORE CO	OUNTY	MD.
T	OWS ON		"GBMC		REING HOME O	ARLES ST.	12a USUAL OCCUPA (TYPE OF WORK FOR MOS Housewife	TOF WORKING LIF		OF BUSINESS OR
Mai	AL RESIDENCE (IF NURSITATE TYLAND ATHER'S NAME FIRST HOWARD	Harfo	ord	Joppa LAST	owr S	134 INSIDE CITY LIMITS? YES NOTHER'S MAIDEN N FIRST IOUISE	3716 Hill	top Dr		
	WAS DECEASED EVER YES NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)	166 SOCIAL SI 213-09	-0681-A	Percy C. Ad	kins, 3716	RESS Hillton	2108 p Drive	5 Joppa Mo
NO	Canditions, if ony, gave rise to imm couse (a), stating underlying cause	which nediate g the last	DUE TO, OF	anas at Biabe	reathe restoto	NARY ARRES NAL INSUFF CULT MALIG	ICIENCY		YE A	RS
CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDI	ITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY2 YES NO	IN CERTIF	S, WERE FINDIF FYING CAUSES	
MEDICAL CER	710. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 71d. INJURY OCCURR WHILE NOTIWH AT WORK AT WOR	AUSE OF DEATH (AL EXAMINER)	P./ 21e PLACE (M. MONTH M.	19	216 HOW INJURY OCCU	JRRED (ENTER NATURE OF IN		COUNTY	STATE
	22a L certify that (1) saw the decease above, (1) (we) (d) 22b. SIGNATURE 22d. PHYSICIAN'S NA R. PRINC	(this haspital ed alive an lid) (did nat) v	(In the body)		, 011	d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	on death accurred on the	AFF SICIAN D	22c DATE	
	BURIAL, CREMATION, (SPECIFY) Burial	100	236. DATE			Cemetery OR CREMATOR	y 23d LOCATION CITY OR TOWN Baltimo	re	COUNTY	STATE Md
24 FI	UNERAL DIRECTOR		اومدوا	70.)	Lawn	250. D	ATE REC'D. BY REGISTRA	AR 256. REGIST	TRAR'S SIGNAT	URE

DHMH - 16 60M 7/B4

IMPORTANT: If them 21 is marked or them 18 sh

(VRA 15, 4)

Burial
PATE FUNERAL DIRECTOR
NAME
Howard K. McComas III, Abingdon, Md. 21009

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within 24 ha

executed

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the haspital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

- STATE REGISTRAR			DEI ARTI	CERTII	FICATE OF DEATH	III OILINE	REG. N	Ο.			
I DECEASED NAM	E FIRST		MIDOLE	100	LAST	2a. DATE C			DAY YEAR	26 HC	
(TYPE OR PRINT)	Vivi	an Isa	abell _e	Albri	ght		ruary		5	11:	30p _M
3 SEX		4 RACE		5. DATE (6. AGE (IN	YEARS LAST BIR	(THDAY)	MONTHS DAY		ER 24 HRS
Female		Cauca	sian		e 17, 1897	87		YRS	INOITING DAT	S MOOKS	Per just.
To BIRTHPLACE	STATE OR FOREIGN		WHAT COUNTRY?	8		9. BALTIM	ORE CITY C		Y OF DEATH		
COUNTRY)		TICA			D NEVER MARRIED :	1 2 2 1	timor	e Cou	ntv		
Maryland O CITY OR TOWN	OFDEATH	USA 11 NAME OF	HOSPITAL NURSIN	WIDOW	OR OTHER INSTITUTION		LOCCUPAT			OF BUSIN	MD
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Essex			in Square		ital	Retir	ed		Nur	se	
130. STATE	13h CO		136. CITY OR TOW		1 13d. INSIDE CITY LIMITS	? 13e STREET	ADDRESS	/ ZIP COD	E		
Maryland	l Ba	ltimore	Roseda1	e	YES NO TE	x 109	D Asp	inwoo	d Way	2123	37
14 FATHER'S NAM	E	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME					
Jacob	FA	-	Albright		Effie		MIDDLE	C	ampbel	1	
16a WAS DECEAS			166 SOCIAL SECU	JRITY NO.	17. INFORMANT Ba	ltimore	ADDRI			237	
LYES, NO OR UNK	OWN) (IF YES.	GIVE WAR OR OATES)	100000000000000000000000000000000000000				. 10	• • •			
no			216-30-9		Richard F.	Albrigh	IT 12	42 Pr			
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cause (a)		DUE TO, C	OR AS A CONSEQUE	ENCE OF							
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	IER SIGNIFICAN	T CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE OR CON	DITION GI	VEN IN PART	110	-
NO TAN THE OIL											
4 19a DATE OF	OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU1	OPSY?		S, WERE FINI		
Ę						YES	NOW		FYING CAUS ES 🗀	ES OF DEA	
210 ACCIDEN	WAS UNDERLYING	21b. TIME C	OF IN IURY		21c. HOW INJURY OCC						
	ING CAUSE OF			AY YEAR	THE POW INSORT OCC	CORRED (ENIER	IATORE OF INJU	IKT IN HEM ID	PARTI OR PART 2	1	
S (IF EITHER NI	OTIFY MEDICAL EXAMI	NER) P	.M.	19			15.5				
OR CONTRIBU	OCCURRED		OF INJURY	APA STC 1	211. LOCATION		CITY OR TO)WN	COUNTY		STATE
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22a.1 certify		spital) attended t	he deceased from_	Janu	lary 28 19 8	5, to Fe	hruar	v 1	19.85	. that	(we) lost
saw the	deceased alive	on Februa	ry 1 19		nd that in (m) (our) opin				ur and from t	, ,	
22h SIGNAT	(we) (did) (d)	nat view the body	inter death.		DEGREE		4 1 1 1		22- DA	TE SIGNEI	
220. SIGNA	1	10 1	/		ATTENDIN	G MEDICAI	LSTA	FF		-985	
17.	E. !	UN I	unv		PHYSICIA		R PHYSIC		2-2	505	
22d PHYSIC	AN'S NAME (TY	E OR PRINT)	D 1 1	- 1	22e ADDRESS				1007		
17.6	- /	E11	OUN	5 17	4 9000 Fran	klin Squ	lare L)R., 2	1237		
23a BURIAL, CREM	ATION, REMOVA	AL 23b. DATE	23(1	NAME OF C	EMETERY OR CREMATO	RY 23d. LOC					
(SPECIFY) Buri		2-4-	85 St	. Alr	honsus Chur	ch Woo	odstoc	k Ra	1timor	e M	DSTATE
						DATE REC'D BY					
0700 =	Lorin	g byers	Funeral, I	rect		FFRA	1985	1	130	1-100	dall
8/28 L	iberty R	Rand	lallstown,	MD_	21133	1 - 0 - 2	1303				
N											

DHMH - 16 50M 4/B3 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumatic event, the

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	Э.			
	1. DECEASED NAME FI	IRST	MIDDLE	L	AS1	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
		eggy Ca	arol	A	NDERSON	February	19.	1985	7:1	4P
	3. SEX	4 RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	(HDAY)	MONTHS DAYS	IF UNDER 2.	
	Female	Whit	e	Octo	ber 27, 1952	32	YRS.	MONTHS DAYS	HOURS	MIN.
	70. BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF	WHAT COUNTRY?	AA A DDIE	NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH		
1	Maryland	US		WIDOWE		Baltimo	re Co	unty		M
1	Rossville 2123	37 Frankl	HOSPITAL, NURSING CHEACILITY, GIVE STREET AD IN Square	DRESS)	or other institution	126. USUAL OCCUPATE (TYPE OF WORK FOR MOST O Clerk	ON	126. KIND O		
	USUAL RESIDENCE (IF NURSING I	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AL	OMISSION	1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP COD	F		
2	Maryland Ba	ltimore	Middle Ri	ver	YES NO	23 Congres			1220	
1	14. FATHER'S NAME FIRST Herbe	WIDDLE	LAST		15. MOTHER'S MAIDEN NAME FIRST			LAS		ō
	160 WAS DECEASED EVER IN U	J.S. ARMED FORCES?	166 SOCIAL SECURI		17 INFORMANT	ADDRE	SS			
	(4ES, NO OR UNKNOWN) (4	FYES, GIVE WAR OR DATES)	213 66 7	7689	Ivan Anderso	n (same)				
	18 CAUSE OF DEATH (E PART I. DEATH WAS		line for (o), (b), and (rrhage			APPROXI BETWEEN	MATÉ INTERV ONSET AND D	AL EATH
			R AS A CONSEQUEN							
	Conditions, if ony, wh									
	gove rise to immedi couse (a), stating underlying couse I	the DUE TO, O	R AS A CONSEQUEN	CE OF						
	PART 2 OTHER SIGNIFIC	CANT CONDITIONS CO	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART 1	1	
					and Diabetes					
7	3 19a DATE OF OPERATION	N 196. COND	ITION FOR WHICH O			200 AUTOPSY?		S, WERE FINDIN		
	190 DATE OF OPERATION					YES NO NO		ES [NO [r.
	00.00	SE OF DEATH HOUR A.	DE INJURY M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART I OR PART 2)		
	4 (IF EITHER, NOTIFY MEDICALE 21d INJURY OCCURRED		OF INJURY	19	21f LOCATION					_
	W MANUE O MOLANIAN	LAT HOME ST	REET, FACTORY, OFFICE, FAR.	M, ETC)	STREET	CITY OR TO	WN	COUNTY	STA	ATE

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

February

COUNTY STATE

220 1 certify that (M(this hospital) offended the deceased from sow the deceased alive on February 19 19 above (M (we) (did) (Mary 1) view the bady offer death. and that in (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING

PHYSICIAN'S NAME (TYPE OR PRINTED

MEDICAL STAFF
DIRECTOR PHYSICIAN PHYSICIAN 22 ADDRESS

February

Lester Banks, MD

9000 Franklin Square Dr., 21237

23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Holly Hill Memorial Gardens Town Baltimore To., Molate

DHMH - 16 50M 4/B3 (VRA 15, 4)

O FUNERAL

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MPORTANT: If Item 2

should be detached for use as with the State Dept. of Health

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Leroy M. & Russell C. Witzke Funeral Homes P.A.

Leroy M. & Russell C. Witz Consville, Md.

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DAY

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IF UNDER LYEAR

7h HOUR

126 KIND OF BUSINESS OR

21228

Russell

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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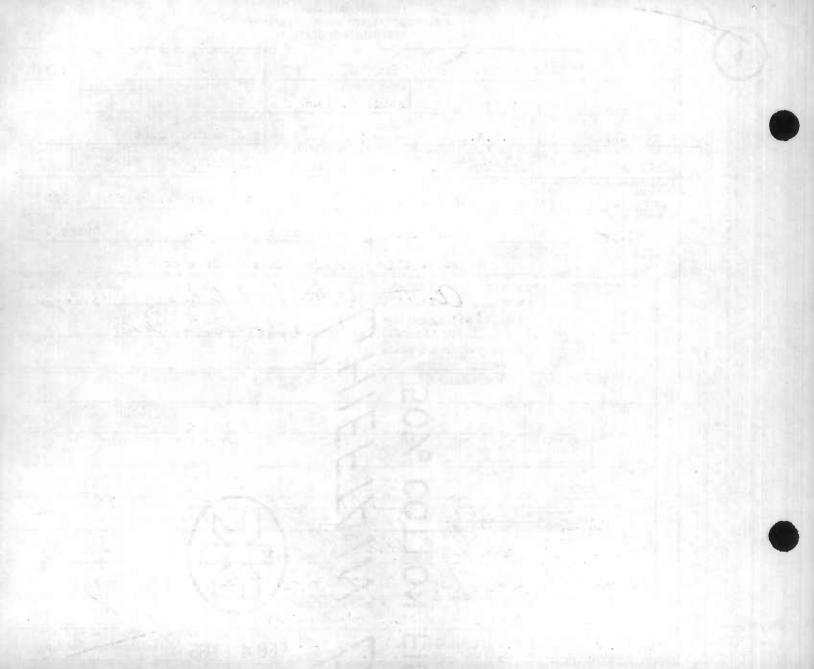
COUNTY

Gutia Daydon-Aandala

77c DATE FIGNED

Own Home

IF UNDER 24 HRS



DEPARTMENT OF HEALTH AND MENTAL HYGIÈNE

1.	FOR STATE REGISTRAR		DEPARTN		EALTH AND MENTAL H	IYGIÈNE	REG. NO.		
I. DE	CEASED NAME FIRST		MIOOLE	ı	AST .	2a. DATE OF		H DAY YEAR	2b HOUR
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3.56		4 RACE	- 1110	5. DATE C	OF BIRTH	6 AGE LINYE	EARS LAST BIRTHOAY)	IF UNDER 1 YEA	
_	MALE	WHITE		DE				YRS MONTHS DAT	S HOURS MIN.
5	INTERPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMO	RE CITY OR CO	OUNTY OF DEATH	
	MARYLAND	U.S		WIDOWE			MORE C		MD.
100	ITY OR TOWN OF DEATH	AL IF NOT IN SUC	HOSPITAL, NURSIN THEACILITY, GIVE STREET		OR OTHER INSTITUTION		OCCUPATION K FOR MOST OF WOR		OF BUSINESS OR
	OWSON	6701 N	V CHARLE		GBMC	POLIC	CEMAN	A.A.	CO. POLI
130.	STATE 136 COU		GIVE RESIDENCE BEFORE 13c CITY OR TOW CROWNSVI	N	134 INSIDECITY LIMITS?		ADDRESS / ZIP	CODE T ROAD 21	.032
M E	ATHER'S NAME				15 MOTHER'S MAIDEN	NAME			
1	WILLIAM	S.	* ARTHU	R	ELIZABET	TH 1	MIDDLE	THOMA	LAST NS
149	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU		17 INFORMANT (SOL			IM KOHLEF	
1		NE WAR OR DATES)	214.46.1	997	HARRY T. AL				
-					11111444 11 111	KINOK DI	. COOVIIII		OXIMATE INTERVAL IN ONSET AND DEATH
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	IMMEDIA	TE CAUSE (o)			I AILIEST	THE PARTY			
	Conditions, if ony, which gave rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF DUETO, OR AS A CONSEQUENCE OF								
	underlying couse lost (c) ASCVD								
NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TE	ERMINAL DISEASE	e or conditio	ON GIVEN IN PART	110
CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION WAS PERFORMED		20s AUTC	IN (. IF YES, WERE FINI CERTIFYING CAUS	ES OF DEATH?
FRTS	71g. ACCIDENT WAS UNDERLYING	1 21b. TIME C	AE INTUIDY		121. HOW INTUINGED	YES	NO	YES 🗌	но 🗆
111/0/11	OR CONTRIBUTING CAUSE OF DE			YEAR	21c. HOW INJURY OCC	UKKED (ENTER NA	TURE OF INJURY IN IT	TEM 18 PART I OR PART 2	1
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19				W. Carlot	
MED	21d INJURY OCCURRED NOT WHILE AT WORK	21e PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE, FA	ARM ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
18	22a.1 certify that (1) (this hasp	oital) attended th		1/26	, 19	85_, to	2/11	. 19 85	that (I) (we) last
	saw the deceased alive a above, (I) (we) (did) (did n	n 2/11	after death	35	nd that in (my) (our) opini	an death accurre	d an the date ar	nd hour and from t	ne causes stated
	17k SIGNATURE	0 (A.		DEGREE		TO PER	22c. DA	TE SIGNED
	Harly of	Cas	ory ones		ATTENDING PHYSICIAN		STAFF PHYSICIAN	2/	11/85
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		-	22e ADDRESS			1	
	DR. P CRA	WFORD			GBMC				
23a	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATOR	RY 23d. LOCA	ATION ORTOWN	COUNTY	STATE
1	BURIAL	FEB.14	,1985 GL	EN HA	VEN MEM. PARI		BURNIE	A.A.	MD
24 F	UNERAL DIRECTOR 8	10/1	-					REGISTRAR'S SIGN	
S	INGLETON FUNER		GLEN BURN	IE,MD	21061	FEB14	1985	we fluidoor	- Montoning

DHMH - 16 60M 7/84 (VRA 15, 4)

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(VRA 15, 4)

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executed within 24 hours ofter death. Page 4

death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the

retained by the hospital or attending physician.

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1	-	STATE
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STATE OF MARYLAND DE

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PARTMENT	OF	HEALTH	AND	MENTAL	HYGIEÑÉ
CFI	RTI	FICATE	OF	DEATH	

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1.	REGISTRAR				CERTIF	ICATE OF D	EATH	REG	NO.		
	ECEASED NAME PE OR PRINT)	race	There	esa Bana		AST		February	24,198	DAY YEAR	26 HOUR 6:15р м
3 SE	EX		4 RACE		5. DATE C		VF AP	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS MIN.
F	emale		Whit	e	5	17	1917	67	YKS		
1	BIRTHPLACE (STATEOR COUNTRY) ennsylvania		76 CITIZEN OF V	A.	8. MARRIE WIDOWE	D NEVER A	AARRIED T	9 BALTIMORE CIT Baltimo			MD.
10. 0	CITY OR TOWN OF DEA		(IE NOT IN SUCI	IOSPITAL, NURSIN HEACILITY, GIVE STREET A in Square	G HOME (OR OTHER INST	ITUTION	126 USUAL OCCUP (TYPE OF WORK FOR MC Housewi	STOE WORKING L		F BUSINESS OR
USU 13a.	UAL RESIDENCE (IF NURS STATE aryland	13b COU	OTHER INSTITUTION		ADMISSION)	13d. INSIDE C	ITY LIMITS?	13e STREET ADDRE			21222
1	FATHER'S NAME FIRST		WIDDLE	DiMaio			MAIDEN NAM EIRST YESA	MIDDI		Rive	ello
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMA	NT	AD	DRESS		
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CERTIFICATION	gave rise to imicause (a), statiunderlying cause PART 2 OTHER SIGI	NIFICANT	(c)CONDITIONS CC	R AS A CONSEQUE	DEATH BUT			IN AL DISEASE OR C	20b. IF YE	ES, WERE FINDING CAUSES	NGS USED
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MEDICAL	21d INJURY OCCUR	RED	21e. PLACE			216 LOCATIO	N	CITY	OR TOWN	COUNTY	STATE
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	22b SIGNATURE	w	chwai	Lonon	J		TTENDING PHYSICIAN		STAFF	22c. DATE 2-2	24-984
	Julio		vartzman	, M.D.		9000		n Square	Drive	21237	•
23a	BURIAL, CREMATION	, REMOVAL	1		NAME OF	EMETERY OR	CREMATORY	23d. LOCATION	N	COUNTY	STATE
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24.	FUNERAL DIRECTOR	Duda-	Ruck, In	C. ADDRESS			25a. DATI	REC'D. BY REGIST	RAR 25b. REGIS	TRAR'S SIGNA	antelle !
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DHMH - 16 50M 4/83 (VRA 15, 4)

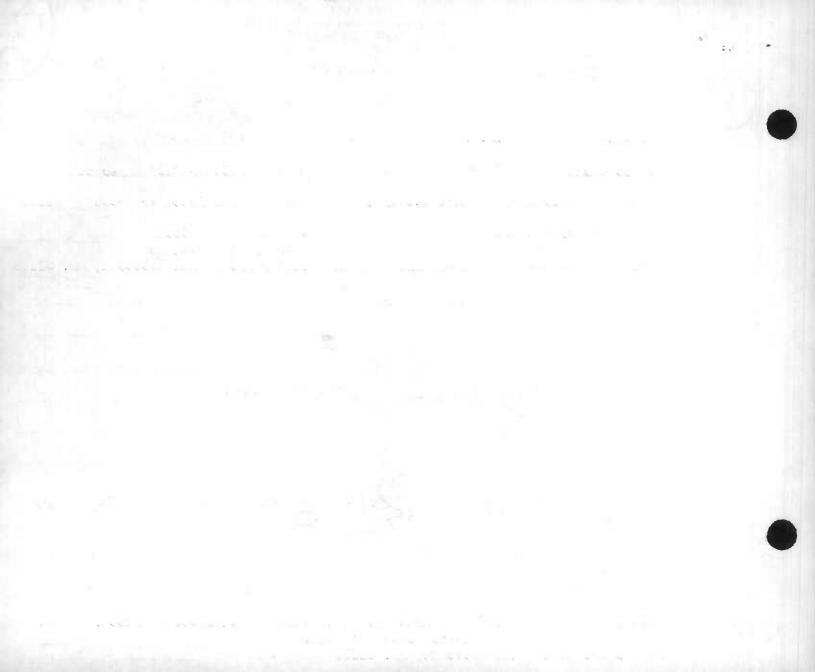
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked at the GRADE and injury, or other troumatic event, the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



(VRA 15, 4)

Leonard J Ruck Inc

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE (discontinu St. St. J. St. Common Committee Common St. St. Common St. Com

DIVISION	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed — that 24 has a other death. Page 4 retained by the hospital or offending physician.	TO FUNERAL DIRECTOR. After this certificate has been separat by the attending physician and comparted. Many the funeral director, and
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	requires that the death certificate	in signed by the attending physics
TIMORE, MARYLAND 21201	be executed within 24 hours of	an and campleter titled in by
•	the death Fage 4 ma	the funeral director, po

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				CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DEATH		DAY YEAR	26 HOUR
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death certificate be executed within 24 hours ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physis should be detached for use as the burial-transit permit. Then please remove carbanapate with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal ATTENDING PHYSICIAN: The low requires that the HOSPITAL BP.

DHMH - 16 60M 7/8-

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

11	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
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7	RTHPLACE (STATE OR COUNTRY)		76 CITIZEN OF	S.A.	Y? B. MARRIE WIDOWE		9 BALTIMORE CITY S				MD.
10 CI	BALTO.	ATH	(IF NOT IN SUC	H FACILITY, GIVE STRE		OR OTHER INSTITUTION	128 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING		ORINE	
	AL RESIDENCE (IF NURS	136 COUN		BALTO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 9414 A		PALE	20,2	1234
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CAL CERTI	21a. ACCIDENT WAS UNI	CAUSE OF DEA	TH HOUR A.	w. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR					
MEDICAL	214 INJURY OCCUR	HILE [7]	21e. PLACE ((AT HOME, STR	OF INJURY EET FACTORY, OFFIC	E, FARM, ETC)	21f LOCATION STREET	CITY OR TO	OWN	COUNTY	5	STATE
	22a.1 certify that (1) saw the decease above, (1) (we) (a	ed olive on	2-1	219	10	nd that in (my) (our) opinion	death occurred on the d	ote and ha	_	that (I) (v	
	226 SIGNATURE	4	Coll	uled	ino	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		271. DATE 2-1	SIGNED 2	5
	H-H-		1LAD	1, MD	,	7600 O	SLER B	r. 70	owsen	212	204
	BURIAL, CREMATION,		23b. DATE 2 - 16		NAME OF C	RIDGE GEM:	23d LOCATION BYOR TOWN	No	COUNTY	5	TATE
210	INERAL DIRECTOR	0 -	7527	HARFOR	ed Ro	250 DAT	TE REC'D. BY REGISTRAR	356. REGIS	STRAR'S SIGNAT	URE	(4

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, p should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 and 2 should be filed within 72 hours after with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

10 HOSPITALOR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after retained by the haspital or attending physician.

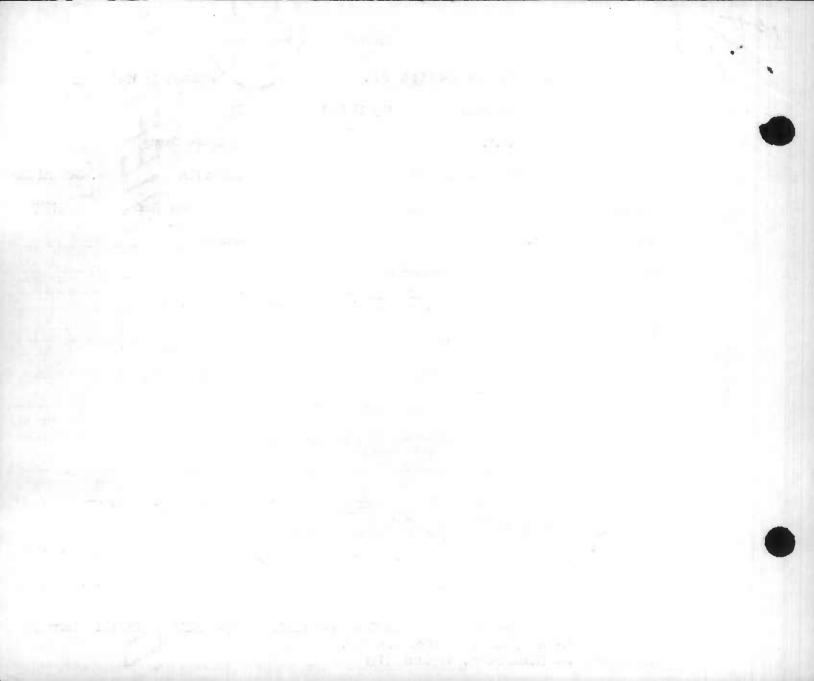
STATE OF MARYLAND FOR STATE REGISTRAR DE

	Street, or
PARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

	M	r. Joh	nn Loui:	s Bedis	h Jr.			F	ebruary	v 15	1985				
3. SE			4. RACE		5. DATE OF E			AGE (IN YEA			IF UNDE		IF UNDER		
Male			Caucasi	an	Month Mary 1	6 1921	YEAR	63		YRS	MONTHS DAYS		HOURS MIN		
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1	Maryland	Balt	imore	Rockdal			X		aither	Roar	d		212	207	
14. F	ATHER'S NAME		MIDDLE	LAST	15	MOTHER'S MA	IDEN NAME		MIDDLE			LAST	T		
	John Louis	Bedish S					onstanc	e Robbir							
	WAS DECEASED E			166 SOCIAL SECU	JRITY NO. 17	. INFORMANT	Mrs. M	largare	LADARESS	Bed:	ish				
-	(YES, NO OR UNKNOWN	(IF YES, GA	VE WAR OR DATES)	217-12-		3408 Ga:						ary1	and	2	
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DHMH - 16 50M 4/83 (VRA 15, 4)

BP.



DEPARTMENT OF HEALTH AND MENTAL HYGIENS

1.	STATE REGISTRAR				CERTIF	ICATE	OF DE	ATH		REG.	NO.			
	CEASED NAME	FIR51		AIDDLE		AST			20. DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR
	. On Milety	MARJO	RIE	Viola	BE	M					02	11	' 85	1:15P A
3 SE	X	4.1	RACE		5. DATE C		DAY		6. AGE (IN YEARS LAST	BIRTHDAY)	MONTH.	DER I YEAR	IF UNDER 24 HRS
-	Female		White		Aug.	_	1929	YEAR	55		YR:		DATS	HOURS MIN.
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io c	TOWSON	1	(IF NOT IN SUCI	OSPITAL, NURSING HEACILITY, GIVE STREET A BALTIMOR	ADDRESS)			TER	(TYPE OF W	OCCUPA ORK FOR MOS	TOF WORKIN		KIND O	F BUSINESS OR
130 5	AL RESIDENCE (IF NURS STATE ryland		IF INSTITUTION		ADMISSION)	13d IN:	SIDE CITY	LIMITS?	105	t addres Dubli			21	.014
4 F	ATHER'S NAME FIRST	MID	DLE	LAST		15. MO	THER'S N	AIDEN NAM	/E	MIDDLE			LAS	a l
1	Roman	Benja	min	Ragan				eulah			ina	F	oale	man
	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INF	ORMANI			ADT	RESS		2	1014
	no			213-28-7	659	Johr	ı J.	Bem, 1	.05 D	ublin	Cour	t, F	Bel A	ir.Md.
	Conditions, if ony, gove rise to imm couse (o), storin underlying couse	nediate ng the last.	DUE TO, OR (b) DUE TO, OR	CARDIO F AS A CONSEQUE RENAL FA RAS A CONSEQUE METASTAT ONTRIBUTING TO D	NCE OF LILURE NCE OF LIC EN	E NDOM	ETRI	AL CAN	-	ASE OR CO	NOITION	GIVEN II	N PART)	0
CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS	PERFORM	NED	200 AU	JTOPSY?	IN CE			NGS USED OF DEATH?
MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIL 21d. INJURY OCCURE	CAUSE OF DEATH	21b. TIME OF HOUR A.A P.A 21e PLACE O	M. MONTH DA M.	Y YEAR		OW INJU	RY OCCURRE	ED (ENTER	NATURE OF IN	IJURY IN ITEM	18 PART I	ORPART 2)	
ME	WHILE NOT WE AT WORK	OLE [7]		EET, FACTORY, OFFICE FA		111111111111111111111111111111111111111	STREET			CITY OR	TOWN	(COUNTY	STATE
	22a.1 certify that (1) saw the decease above, (1) (we) (c	ed alive on	2/11	19	85 or	nd that i	n (my) (o	19 <u>85</u> ur) opinion de	, to eoth occu	Z/I	_	19 hour and		that (I) (we) last causes stated
	22b. SIGNATURE	rel 1	the	ر		DEGREE	ATT	ENDING YSICIAN [MEDICA	AL SI DR PHY:	AFF SICIAN X		220. DATE	SIGNED
	226 PHYSICIAN'S NA	E. RIT		.D.			MC -	6701	N. C	HARLE	S ST.	212	04	

O FUNERAL DIRECTOR

MPORTANT: If Item 21 is should be detached with the State Dept

the buriol-transi

DHMH - 16 60M 7/B4 (VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL (SPECIFY) Feb. 14, 1985 Burial 24 FUNERAL DIRECTOR

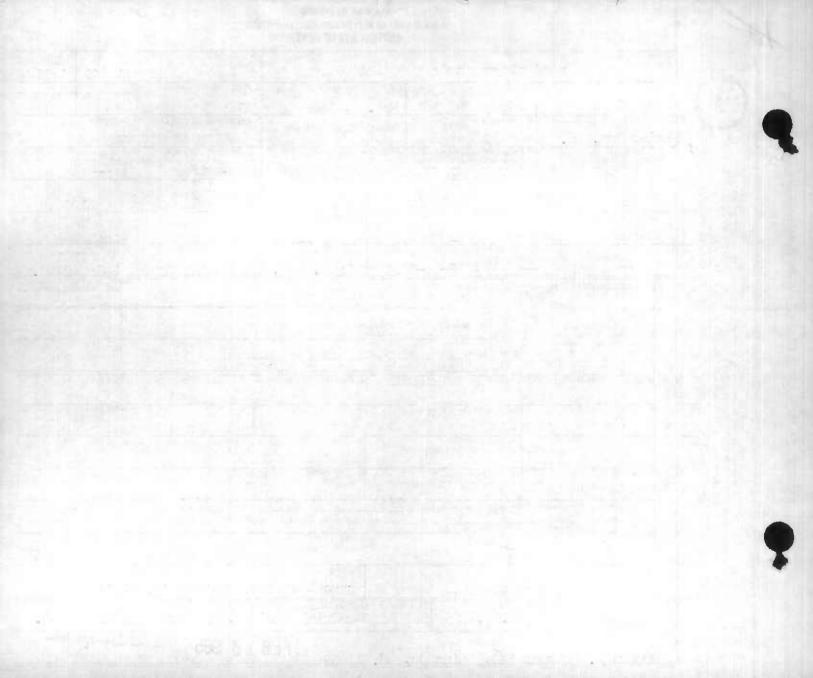
234 NAME OF CEMETERY OR CREMATORY 238 LOCATION
Bel Air Memorial Gardens, Bel Air

Harford

Md.

Howard K. McComas III, Abingdon, Md. 21009

23b. DATE



Leonard J. Ruck, Inc. Baltimore, Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Grina Variason-Gandott

FOR

(VRA 15, 4)

STATE

renale: Maine Maine 25, 1890 x .2.2.1 e/ivanuck latigued annual distance (sugital olliving out is meigh Live to an about Least status spirits 212-21-7265A Japen S. coret 2305 Alden bd. 21854 Large Total Telegrations Deserted and Large Section Temperal . Hack, Inc. Tellingto, Maryland - I. F. A. Fill Mary

DEPARTMENT OF HEALTH AND MENTAL HYCICAL

1.	- STATE REGISTRAR			DELAKII		ICATE OF DEATH	REG. N	0			
	CEASED NAME	FIRST		MIDDLE	-	AST	20 DATE OF DEATH		AY YEAR	Zb. HOUR	
(TYP)	E OR PRINT)	TOR		FRANK	B	ISIGNANI	FEBRUARY :	25. 198	85	2:49	рм
3. SE			4. RACE	LIGHTIN	5. DATE C	OF BIRTH	6. AGE IN YEARS LAST BE	RIHDAY)	IF UNDER I YEAR	IF UNDER 24	4 HRS
	MALE		WHI	TE	SEP	TEMBER 20, 191	4 70	YRS	ONTHS DAYS	HOURS	MIN.
	IRTHPLACE (STATE OF	FOREIGN		WHAT COUNTRY?	0	DE NEVER MARRIED	9 BALTIMORE CITY		OF DEATH		
	PENNSYLVANI	ΓΔ	U.S	Α.	WIDOWE		BALTIMOR	E COUNT	rv		MD.
	ITY OR TOWN OF DEA		11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ЮИ	126 KIND C	OF BUSINES	
and the	FORT HOWARI		VA MED	ICAL CEN	TER		CARPENTE		INDUSTRY		
	AL RESIDENCE (IF NURS	136 COUN		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE	2	1208	
	MARYLAND	BAL	TIMORE	BALTIMO	ORE	YES NO X	4212 Old 1	Milfor	d Mill	Rd	
14. F.	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		IAS	ST	
	JOSEPH			BISIGNAL	NI	ADELLA			sciani		
	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT Pikes	ville, ADDR	ESS MD	21208		R
	YES	1	V II	165 18	4416	Mrs. Frances		4212 (old Mi	lford	
	18 CAUSE OF DEAT	H (Enter an	ly ane cause per	line for 10), (b), an	id (c) i					MATE INTERV	
	PART I. DEATH W		D BY: TE CAUSE (a)	BRONCHO	PNEUM	ONIA, RIGHT			6 da	ys	
				R AS A CONSEQUE	ENCE OF						
	Conditions, if any	, which	((b)_								
	gave rise to imp		DUE TO O	R AS A CONSEQU	ENCE OF						
	underlying cause	last	((c)_								
_	PART 2 OTHER SIGI	NIFICANTO	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	a	
CERTIFICATION	BRAIN ST	CEM ST	TROKE, C	ORONARY	ARTER	Y DISEASE					
SAI	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDING		12
E							YES NOX	YES		NO 🗌	
	OR CONTRIBUTING		216. TIME C	OF INJURY M. MONTH D.	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT (OR PART 2)		
CAL	LIF EITHER NOTIFY MEDI		A. I. P.	M.	19						
MEDICAL	214 INJURY OCCUR		21e PLACE	OF INJURY	FARM ETC)	711 LOCATION STREET	CITY OR TO)WN	COUNTY	STA	ATE
~	AT WORK NOT WE	HILE									
	22a I certify that		9/9	e deceased from_	85	11/27 1984				that 🛸 (we	
	saw the deceas abave, # (we) (ed alive an did) (did no	2/2		0), 0	nd that in 🛶 (aur) apinian a	death accurred on the d	ate and hau	and from the	causes state	ed
	226 SIGNATURE	_	. 1			DEGREE			22c. DATE	SIGNED	
	6	· les	nta	23			MEDICAL STA	EIAN 🔀	2-2	5-85	
	22d. PHYSICIAN'S N.					27e ADDRESS					
	C.	CUSTO	DIO, M.	D.		VA MEDICAL C	ENTER, FOR	LAWOH 1	RD, MD	. 2105	52
	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. 1	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	SIA	ATE
	Buria		3-1-85			ew Memorial Pa	ark Eldersb		arroll	MD	
74 E	LINERAL DIRECTOR T		- D	11 1	D	T 250 DAT	FREC'D BY REGISTRAD	75h REGISTE	AD'S SIGNIAT	TIDE	

21133

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Ite

Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD

1985

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oute is the Mey York thafdegiu facility of the court lessibal to to opened attained to rose one, it followers mos millo 231011 Ty-2:-7770 Mrs. Cortrade ". Contor dell mail ocope In. hearten's established the training the contract Beenerges, Enck, Inc. Baltimore, Mr.

1	1 -	STATE REGISTRAR		C	ERTIF	ICATE OF DEATH	REG. NO	0.			
		OR PRINT)		AIDDLE	101	AST	20 DATE OF DEATH	MONTH DA		26 HOUR 50	
1		ELIZA				KBURN		2-2		5 A	M
١	3. SEX		4 RACE		DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRT		UNDER I VEAR	HOURS MIN	
		EMALE	WHIT	E	12	2 10° 15°	69	YRS			
		RIHPLACE (STATE OR FOR OUNTRY) ARYLAND			MARRIE(NEVER MARRIED	BALTIMONE CITY O	RECOUNTY O	F DEATH	-y	MD
	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING H	OME O	R OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS O	R
	To	DWSON	STIJa	SEPH HO	SP	ITAL	Housewife	F WORKING LIFE)		making	
7	13a S	TATE IATYLAND	HOME OR OTHER INSTITUTION BALTIMORE	GIVE RESIDENCE BEFORE ADA 13c. CITY OR TOWN		136 INSIDE CITY LIMITS?	8304 Nunl	zip code ey Dr.	Apt.C	21234	
	14 FA	THER'S NAME	MIDDLE	1467		15 MOTHER'S MAIDEN NAM					
1		Henry	Frederick	Zengel	100	Elsa	Wilhelmin	na	B	eck	
		AS DECEASED EVER IN	U.S ARMED FORCES?	166 SOCIAL SECURITY	Y NO.	17 INFORMANT	ADDRE	SS			
	(1	No	IF YES, GIVE WAR ON DATES)	215-03-20	90	Adam J. Zeng	el 4818 Ri	dge Ro	1. 2]	1237	- 3
		18 CAUSE OF DEATH	Enter anly ane cause per	line for igi, ib , and ic	10.15	1. 01.	Culles.	11	BETWEEN	MATE INTERVAL ONSET AND DEATH	н
		Conditions, if ony, w gave rise to immed cause (a), stating underlying cause	which diote the last. (b) DUE TO, OF	R AS A CONSEQUENCE	E OF	na of The	Stoman	S CHION GIVE	N IN PART 1		_
	NOI										
1	CERTIFICATION	19a DATE OF OPERATIO	IN IN CONDI	TION FOR WHICH OP	ERATION	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN ING CAUSES		
		218. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	JSE OF DEATH HOUR A.	M. MONTH DAY	YEAR 19	21¢ HOW INJURY OCCURR	1 0			1.0 []	
	MEDICAL	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	LAT HOME STR	OF INJURY EET, FACTORY, OFFICE FARM.	ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		saw the deceased	nis hospital) ottended the alive an) (did not) view the bady	19	, an	d that in (my) (aur) apinion d				that (I) (we) lo causes stated	ast
		22b. SIGNATURE		oner deam	(DEGREE ATTENDING PHYSICIAN	MEDICAL STAP DIRECTOR □ PHYSIC		270 DATE	SIGNED 45	
		22d. PHYSICIAN SNAM	hopm an.	Farm		7401 0x	le a.		49	/	
	23a B	URIAL CREMATION RE	MOVAL 236 DATE	123c NAM	AE OF CI	EMETERY OR CREMATORY	23d LOCATION				

Gardens of Faith

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Burial

Funeral Home "1401 Bekur

2-25-85

Baltimore, Maryland

2 MARROD BY RESIDENCE OF THE PROPERTY OF THE P

MPORTANT: If Hem 21 is morked or Item 18 shows ony

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ADDRESS

Balto., Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

REG. NO.

YEAR

IF UNDER 1 YEAR

INDUSTRY

- Same as #13

YES [

COUNTY .

COUNTY

22c DATE SIGNED

85

12

7b HOUR

12h, KIND OF BUSINESS OR

Factory

21227

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

STATE

LAST

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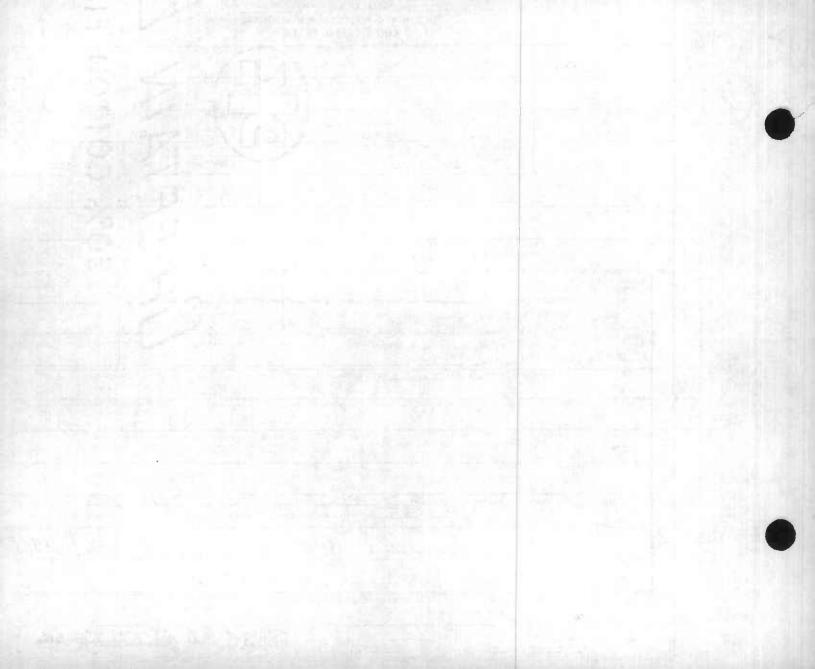
- STATE

REGISTRAR

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

Anatomy Board



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)	V	

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 5 4 2

1 -	STATE REGISTRAR			DEI AI	CERTIF	ICATE OF DEAT	H	REG, NO.						
	CEASED NAME	FIRST	M	IDDLE	L	AST		20 DATE OF DEATH MO	чтн	DAY	YEAR	26 HOUR	P.	
		EAH			BLUM	IENTHAL		FEBRUARY 7		85		7:25	5 M	
3. SE	X		I. RACE		S. DATE C		EAR	6. AGE (IN YEARS LAST BIRTHD)		MONTHS	R I YEAR DAYS	HOURS	4 HRS	
1	FEMALE		WHIT	Ε	JUN	NE 2, 1903	3	81	YRS					
7a 81	RTHPLACE (STATE ORF	OREIGN 7	b. CITIZEN OF V	VHAT COUNTR	Y? 8.	D NEVER MARR	IED 🗆	9 BALTIMORE CITY OR C	OUNTY	OF DE	ATH	1170		
	PENNSYLVA	NIA	USA		WIDOWE			BALTIMOR	E CC	UNT	Y		MD.	
N CI	TY OR TOWN OF DEA	ATH 1		OSPITAL, NURS		R OTHER INSTITUTI	ION	12a USUAL OCCUPATION			KIND O	F BUSINES	SOR	
10	RANDALLST	OWN		DIAN NUI		IOME		HOUSEWIFE		, , , , ,	AT H	IOME		
	AL RESIDENCE (IF NURS	AKS HERE OR C		130 CITY OR TO		13d. INSIDE CITY LI	MITS?	13e STREET ADDRESS / Z	P CODE			506		
M	ARYLAND	A.		BALTIM		YES XXX NO		1190 W. NOR					1210	
14 FA	THER'S NAME FIRST		IDDLE	LAST		15 MOTHER'S MAI	DENNAM				LAS			
1	MARK			YERS		MIRI	AM	WIDDLE		ROS				
	VAS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17. INFORMANT		RS. PEGGYDRESS		FFL		APT.	708	
1	YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	564-28	-1195	8415 BELI	ONA				2120			
	18 CAUSE OF DEAT	H (Enter only	ane cause per	line far (a), (b),	and Ici					В	APPROXI	MATE INTERV	AL EATH	
	PART I. DEATH W	IMMEDIATE		130	eneko	promover	wh				2	days		
				AS A CONSEC	DUENCE OF	1 0					11			
	Conditions, if any,		(b)	77	Netart	atic Ca	vil	non	31		6 min			
	gove rise to imn cause (a), statin		DUF TO, OR	AS A CONSEC	DUEN PAGE		4.							
	underlying cause	last	(c)		10/2	may a	M.	mynn-						
	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING	O DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CONDIT	9N GIV	ENINE	PART 10)		
CERTIFICATION	Let A The	1'n	even	Hadd	n con	runim	12	no arrestu	6/					
CAT	190 DATE OF OPERAT	TION	196 CONDI	ION FOR WHI	CH OPERATIO	N WAS PERFORMED						OF DEATH		
TIF		Time	News	Vt				YES NO		S 🔲	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NO 🗌		
	210. ACCIDENT WAS UND		21b. TIME OF	MONTH	DAY YEAR	21c. HOW INJURY	OCCURR	ED (EN ER NATURE OF INJURY IN	ITEM 18 P	ART I OR	PART 2)			
CAL	(IF EITHER NOTIFY MEDIC		P.A		19									
MEDICAL	21d. INJURY OCCURE	RED	21e. PŁACE C	F INJURY	F FARM FTC)	211 LOCATION STREET		CITY OR TOWN		co	UNTY	STA	ATE	
2	AT WORK NOT WH	RK				Var / -			0	0	_	e edit		
	22a.1 certify that (I)	(this hospite	al) attended the	deceased from		77/75 , 19				19 8	5	that (II (we	e) lost	
	saw the decease abave, (1) (we) (c		view the body	olfer death.	_85_, or	nd that in (my) (our)	opinion d	leath occurred on the date	and hou	r and fr	om the	causes state	ed	
	22b. SIGNATURE	o Ma		01	1	DEGREE			17	220		SIGNED		
		2111	mm	MIN	my	PHYS	CIANCE	MEDICAL STAFF DIRECTOR PHYSICIAN	1 🔲		2/8	3/85		
	22d. PHYSICIAN'S NA					22e ADDRESS						1		
	MAURICE	FELDMA	AN, JR.,	MD		6610	CROS	S COUNTRY BL	VD.	BAI	LTO.	, MD		
	BURIAL, CREMATION,		23b. DATE		NAME OF C	EMETERY OR CREM	ATORY	23d LOCATION		COUNT	tv	STA	ATE.	
	SPCREMATION		2-10-	85 1	VESTVIE	W MEN PA	es Co.		m	COUNT	11	517	10	

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

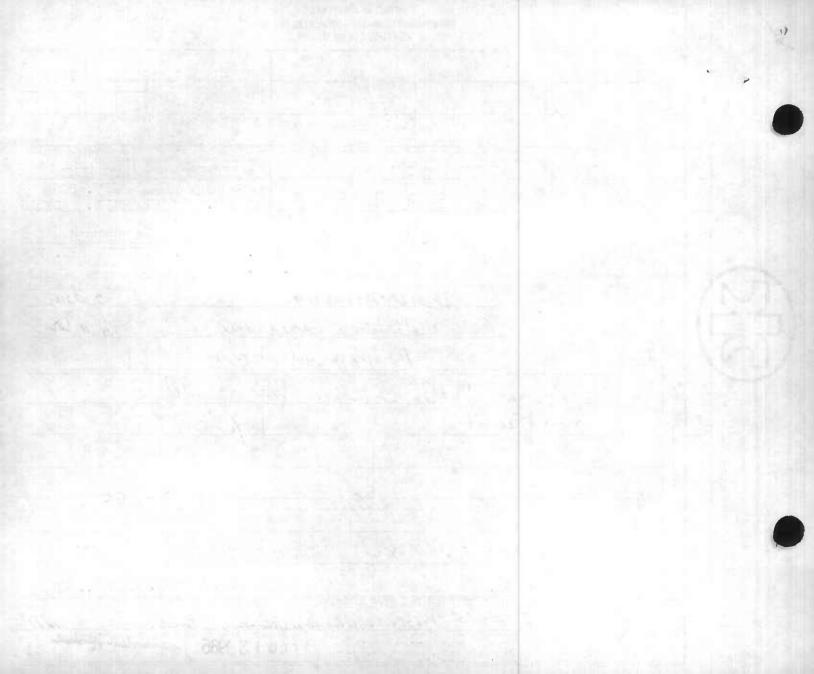
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TO FUNERAL DIRECTOR: A should be deteched for use with the State Dept, of Hea MPORTANT, If hem 21 is

injury, ar ather traumatic

SOL LEVINSON & BROS., INC. BALTO., MD 21215 6010 REISTERSTOWN RD.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAUBLES



/		iems 18-22a FOR STATE		DEPARTMENT	OF HEALTH AN	ND MENTAL H		0	3 5 4 3	
, ,		REGISTRAR		DICAL EXAM				REG. NO.		
		CEASED NAME EIR	SŤ	WIDDLE	LAST		2a DATE OF	KNOWNXX *	AONTH DAY YEAR 26 HC	OUF
X848E		Cla		М.	Boo		DEATH	MATED	2-25 19 85	-
STATE	3. SE	4 RACE	5. DATE OF BIRTH	YEAR LAST BIR	THDAY) MONTHS	TYR. IF UNDER	24 HRS. 2c. DATE		ONTH DAY YEAR 2d HC	3(
0.20 PM		emale White	May 4th	1,1906 78	YRS.		DEAD		2-25 1985 p.	^
S A S E S S	7a B	RETHPLACE (STATE OR DREIGN COUNTRY) Balto. Md.	76. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARR	IED 9. BALTIM	_	OUNTY OF DEATH	
SAN	A	ITY OR TOWN OF DEATH			WIDOWED		ED Bal	timore	County,	ME
PAGE PAGE R FIEB		rowson -	St. Jo	SPITAL, NURSING HO ACILITY, GIVE STREET ADDRE SEPH'S HOS	spital	NSTITUTION	"Homema"	ker ^e	WORK 126 KIND OF BUSINESS OR INDUSTRY	3
5 202907		AL RESIDENCE (IF IN NURSING) TATE	OME OR OTHER INSTITUTION, GOUNTY	13c. CITY OR TOW	(ISSION)	INSIDE CITY LIMITS?	13e. STREET ADDRE	SS		
E 35 8 5 8		Md.		Baltimor	e YI	ES NO	1122 E. B		e Ave21212	
ES 1.2	14. F.	ATHER'S NAME FIRST Anton Olsel	nefski	LAST	T5.	MOTHER'S MAIDE Wilhelmi	en name ina Willian	IDDLE MS	LAST	
ALTEMO AFTER D SIVE PAG HI FORM AGES 10	Ha. \	WAS DECEASED EVER IN U.S	. ARMED FORCES? . GIVE WAR OR DATES)	217-14-1		. Caroly	n Davis-C	alif.,7h	090 N. Verde Visto Di ousand Oaks 91360	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. S. CERTIFICATE SHOULD BE DECUTED WITHIN 24 HOURS RITING THE WORD FENDING" IN PENCIL IN ITEM 18, CROED TO THE CHIEF WIDIGE EXAMINER ALONG WITES 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVING PROOR TO BURIAL CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Ent. PART I DEATH WAS CA	USED BY: EDIATE CAUSE (a) PI	e for (o), (b), ond (c).) ulmonary RAS A CONSEQUEN	Embolu	S			APPROXIMATE INTERVA BETWEEN ONSET AND DE.	
WITHIN NCIL IN NCIL IN NCIL IN STANSIT AT ALL HY		Conditions, if any, w	thich (b) f]	rature o	f hip	-	1			
RDS, 201 W. SAECUTED WINGS IN PERWINGS EXAMINE BURIAL - TRAND MENTAL - TRAND MENT		couse (a) stating the <u>ur</u> lying couse last.	DUE TO, OF	R AS A CONSEQUEN	CE OF					
ORDS, EDIEG DENG DENG S A BUR S A BUR THAN	Z	PART 2 OTNER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEASE OR C	ONDITION GIVEN IN PA	RT 1 ta .			
L CEA ME	CERTIFICATION	198. DATE OF OPERATION	196 CONDI	TION FOR WHICH O	PERATION WAS P	PERFORMED?			20 AUTOPSY?	_
ATA SS SS	F		Laboratory to						YES XX NO	П
OF V ATE S ATE S THE (ID BE MENT TO BU) ě	210 EXTERNAL CAUSE WA		FINJURY A. MONTH DAY Y	EAR		D (ENTER NATURE OF IN)			
NO SECTION OF SECTION	13	UNDERLYING OR CONTRIBUTING CAUSE			- W		assaul	ted		
DIVISION OF VITAL RI HIS CERTIFICATE SHOUD WRITING THE WORD "FE ARED TO THE CHIEFA ACE 3 SHOULD BE USED ATE DEPARTMENT OF HE TOO! PRIOR TO BURIAL	MED	214 INJURY OCCURRED WHILE AT WORK AT WORK		OF INJURY (AT HOM TORY, FARM, ETC.) OME	211 LOCATI STREET 1122		lvdere a	ve, Ba	I to. Md.	TE
INGRE TORK. TORK PA		/!	charge of the remain of	Arident (n Autopsy	Inspectio	n , Inquiry		my apinion	
XAM ERTHE BUD B WITH ARYY		Y 1	1 Of	T Ch	10:	TITLE (SPECIFY)	Undetermined mo	onner,		
CALE THE O SHOULD SE, M		SIGNATURE CU	uis /	mys 11	1100 P	Assistant	MEDICAL EXAM	MINER	DATE 2-26-85	
TO MEDICAL EXAMI EXECUTE HE CIERTE PAGE 4 SHOULD RE TO ELINERAL DIREC AFTER EXAMIL WITH BATTIMORE, MARYL		ATTE OR TRACTO	Dennis F. S		ADD	RE33	Penn Stree	t, Balt	o., Md. 21201	
07/84 BP/068	(urial, cremation, remov Burial	3/2/85	Holy Re	cemetery or cr edeemer (Cem.	23d LOCATION		COUNTY STATE	
25M DHMH - 17		uneral director itchell-Wiede	C 7 1 ADDRESS		THE STATE	2 MAR	REC'D. BY REGISTRA	R PSh REGISTR	AR'S SIGNATURE	

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8-	1 -	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HYG	IENE 5	0 3	3 3	4 4
		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
noy be boge 3 deoth	TITTE	JUHN TOHO	1		6	130	HLEN	SR	February 4	, 1985		7:00A M
A OE	3 SE			4 RACE		5. DATE C	FBIRTH		6. AGE (IN YEARS LAST BIRT	_	UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
- 6 (FIA)	1	MALE	S. Fall	WHO	TE	MONTH	26	1910	74	YRS	ANTINS DATS	MIN.
a la n		IRTHPLACE (STATE OR FO	OREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	XXVEVED	MARRIED -	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
e o h	11	ARYLAND		Ţ	JSA	WIDOWE		NORCED	Baltimore	County		MD.
1 1	10 C	ITY OR TOWN OF DEAT	TH		HOSPITAL, NURSIN		R OTHER INS	TITUTION	17a USUAL OCCUPATE	ON	126 KIND C	OF BUSINESS OR
0 11 1		OSSVILLE		FRANKLI	N SQUARE	HOSPI	TAL 2	1237	Contractor		Self-	-employed
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24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc.

8728 Liberty Road Randallstown, Maryland 21133

FOR 1 - STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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26. HOUR

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21207

Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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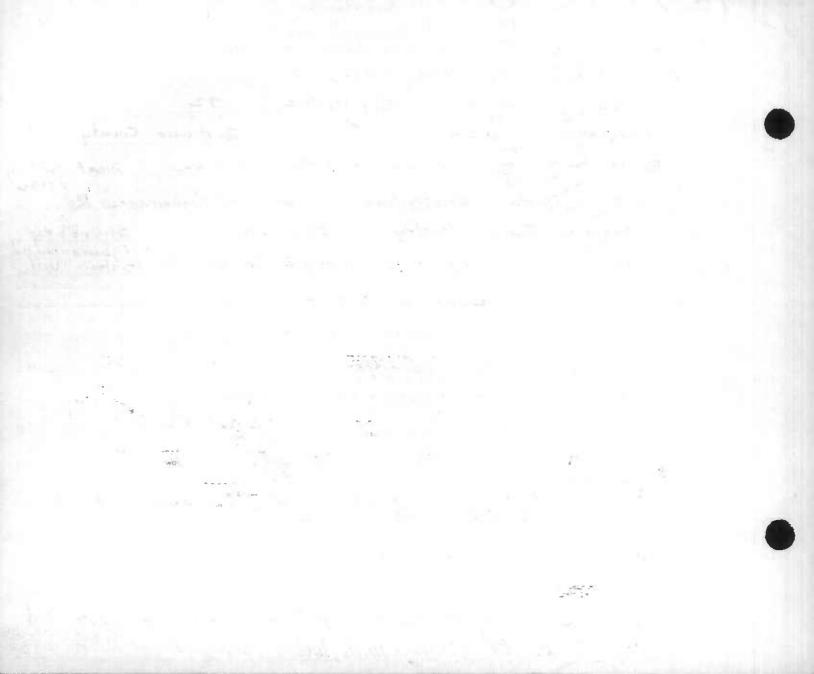
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20 DATE OF DEATH

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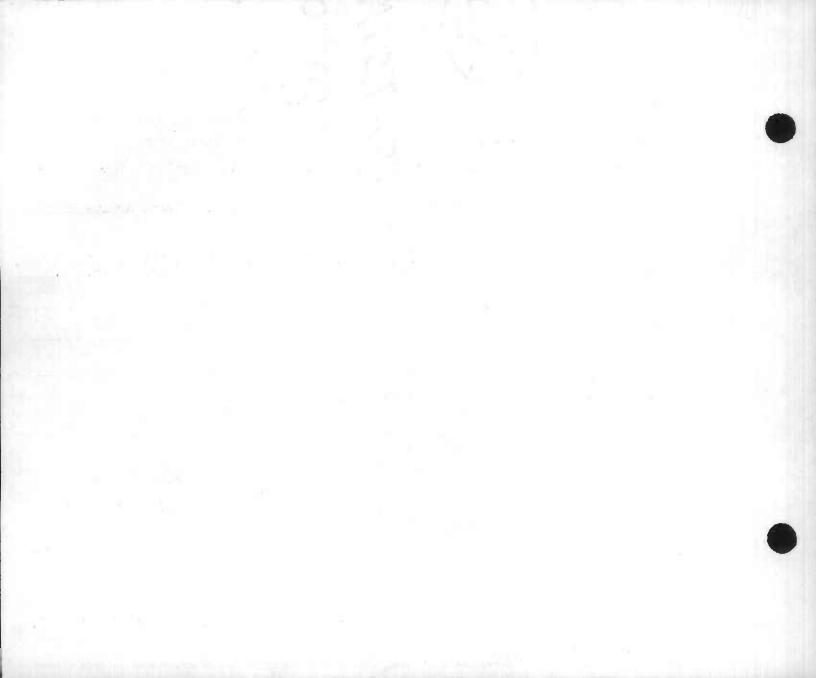
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



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t, the medico	1	(IF YES, GI	ve war or dates)	513909 FA	amily	RECORDS		APPROXIMATE BETWEEN ONSE	INTERVAL
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	LION	PART 2 OTHER SIGNIFICANT	halmi	WHICH OPERATION WAS A)	200 AUTOPSY?		WERE FINDINGS	11650
4	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	_		YES NO	IN CERTIFYI	NG CAUSES OF	
//	MEDICAL C	OR CONTRIBUTING COOSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOTE AT ORK	ATH HOUR A.M.	H DAY YEAR 19 21f. LO	CATION	CIT	°Z	COUNTY	STATE
		220.1 certify that (1) (this hasp saw the deceased a abave, (1) (Mod (2) (did us 22b SIGNATURE	tral) attendingly deceased			death occurred on the c		nd from the caus	(I) (w) lost es stated NED
MPORTANT. #		22d PHYSICIAN'S NAME (TYPE OF	DRPRINT) KAS' K.J		ATTENDING PHYSICIAN DORESS	DIRECTOR PHYSI		PARKV.	12/8
2	2 5	In the same of the		Too and to the same		Test a contribut			7

231 NAME OF CEMETERY OR CREMATORY

LOUPON 8800 HARFORD

236 DATE

AATORY 238 LOCATION COUNTY MARYLAND STATE

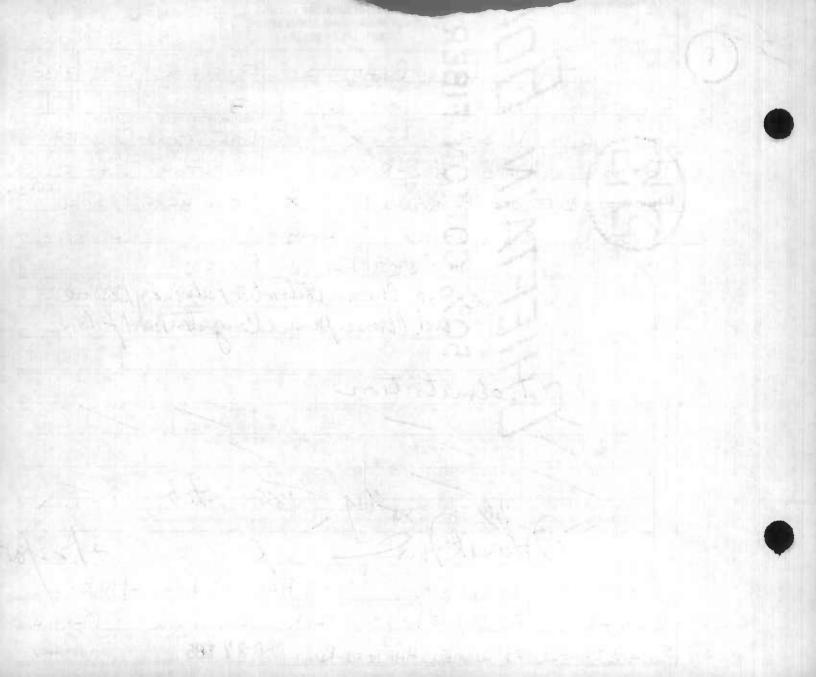
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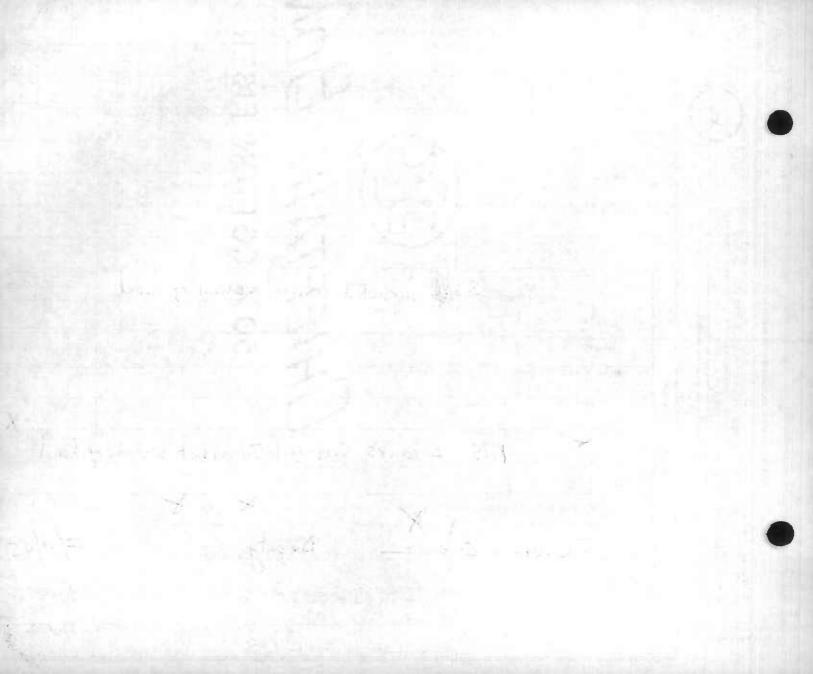
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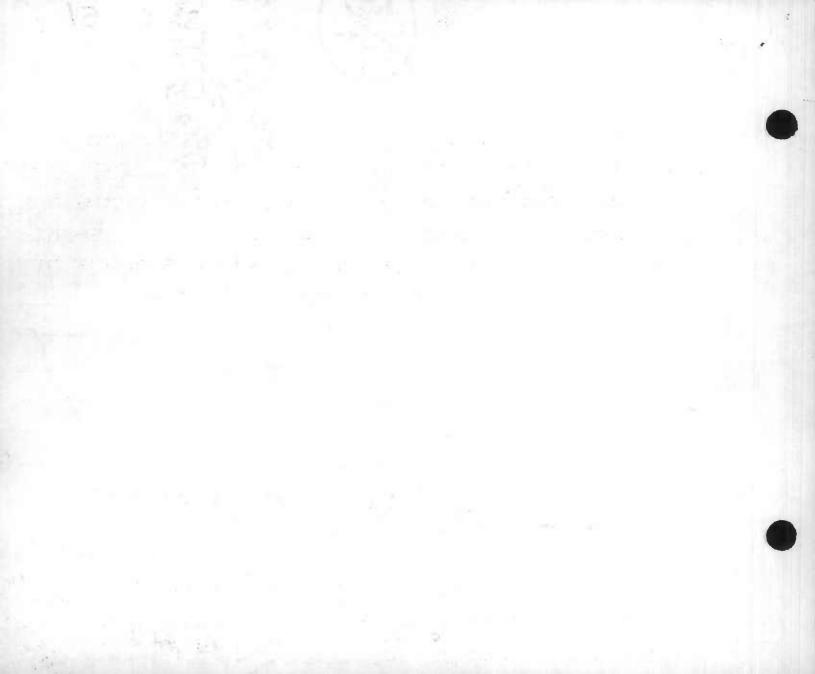
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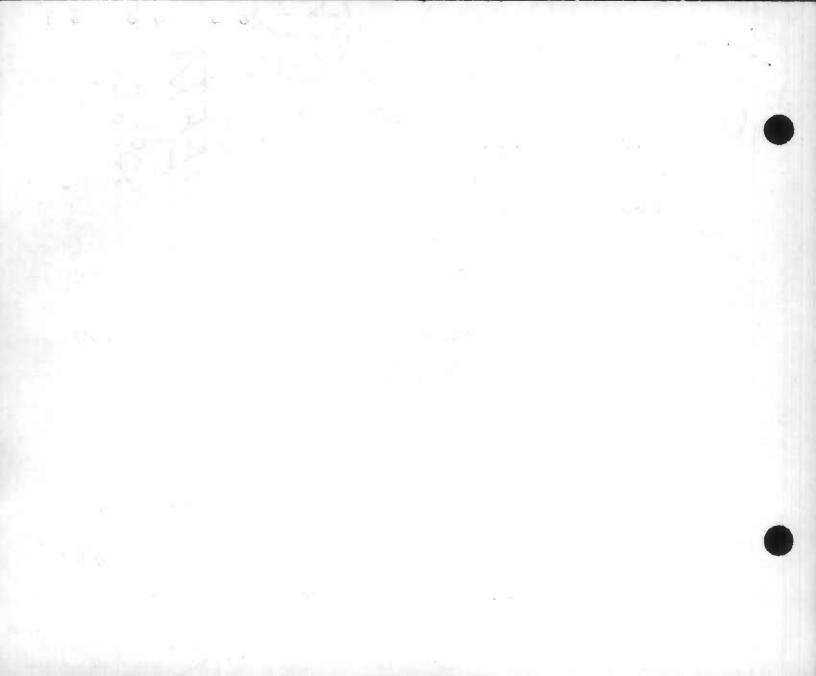
24 FUNERAL DIRECTOR

(VRA 15, 4)

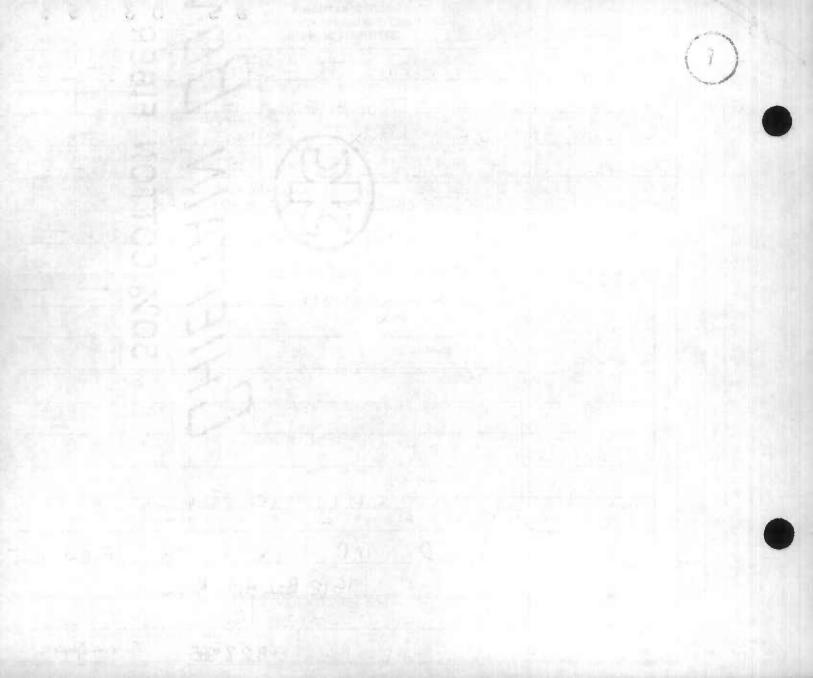








	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH	ğ 5 0 3 3 5 3 REG. NO.
(F)		CEASED NAME FIRST	. T. Brown JR. F	DATE OF DEATH MONTH DAY YEAR 26 HOUR P. S. B. R. U. A. M. J. 1985 1:15 M. IGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
Page 41 d director. Nours sifts	5	RTHPLACE (STATE OR FOREIGN	THE TENTE THE TENTE OF WHAT COUNTRY? B MARRIED NEVER MARRIED 19 B	YRS. WONTHS DAYS HOURS MIN.
20	-	TARYLAND ITY OR TOWN OF DEATH	U. S. A. WIDOWED DWORCED 120 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ALTIMORS COUNTY MD. USUAL OCCUPATION 126 KIND OF BUSINESS OR PE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY
124 hours	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COURS	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN 136. INSIDE CITY HMITS! 136. NO SEE NO SE NO SEE	STREET ADDRESS / ZIP CODE 21239
1030	14. F/	THER'S NAME	MIDDLE BROWNSR. MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	MIDDLE SCHULTS
to be east	7	0	WAR OR DATES	SCORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death cert in signed by the offeriding. The places removes colbo to busiel, cremation, are re- injury, or effect troumottics.	NOI	Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	L DISEASE OR CONDITION GIVEN IN PART 110
The law control of the law contr	CERTIFICATION	190 DATE OF OPERATION		200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
throding physician throding physical throughten and Mental thy and or them 18 a	MEDICAL CE	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 218 INJURY OCCURRED	TH HOUR A.M. MONTH DAY YEAR	(ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) CITY OR TOWN COUNTY STATE
ATTENDANC hospital or a RECTOR Afre ed for use in get of health, em 21 is mork		220 I certify that (I) (this haspit saw the deceased allow enabove, (I) Over (did) (did not 22b. SIGNATURE	al) attended the deceased fram 19 0 0 0, ond that in (aur) apinion death DEGREE	to
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2 € 2 € 5 € 1	6	SURIAL, CREMATION, REMOVAL SPECIFY] SURIAL JUERAL DIRECTOR	FEB 27 1985 GAROLOS FAITH CEM.	ROSEDALS BALTO, MARYLAND COUNTY MARYLAND COUNTY MARYLAND COUNTY MARYLAND COUNTY MARYLAND
DHMH - 16 60M 7/B4 (VRA 15, 4)	٤	VAUS CHAPSTO.	FMEMORIES HARFORD ROAD FEB	2 7 1985 Davidson-Andell



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

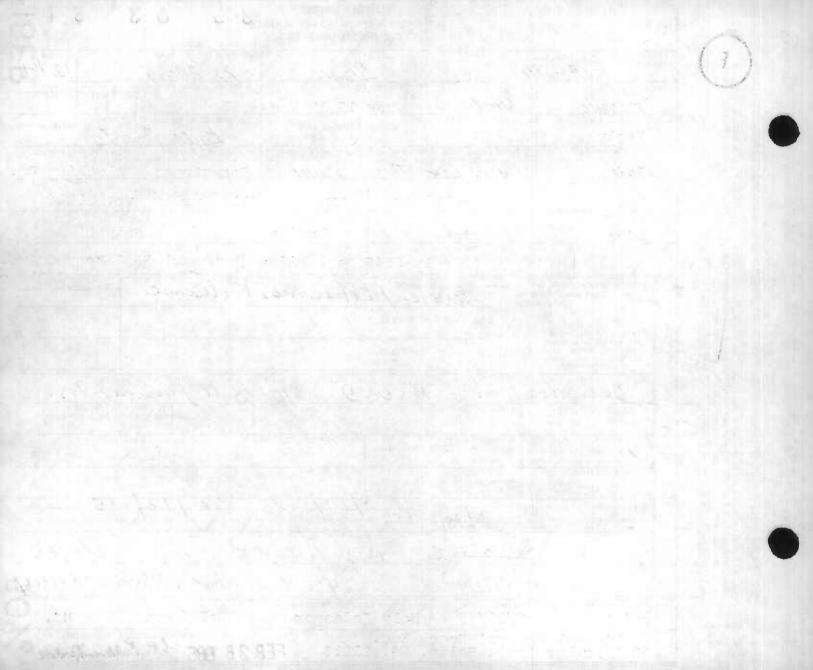
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	ATION	Conditions, if ony, we gove rise to immedicate (a), stating underlying couse	which diote the lost. (c)	OR AS A CON	17501	NOT RELATED TO 1	5/0.	NAL DISEASE OR CONG HOULE PO 700 AUTOPSY?	20b. IF YES,	WERE FINDIN	45.	
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	MEDICAL		EXAMINER) 21e. PLA (AT HOM	P.M. CE OF INJURY . STREET, FACTORY. d the deceosed	OFFICE FARM ETC)		opinion d	CITY OR TOV	20/19	and from the	that <u>41) (</u> v causes sta	
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1		URIAL, CREMATION, RESPECTIVE AND ADMINISTRATION OF THE PROPERTY OF THE PROPERT	MOVAL 23b. DATE 2/22			EMETERY OR CREM Redeemer		23d LOCATION Balltin		COUNTY	Md.	
	24 FU	INE SCHEEN UNE	k Funera	al Home	e Inc.		25a. DATE	REC'D. BY REGISTRAR	Sh REGISTRA		URE	

DHMH - 16 50M 4/83 (VRA 15, 4)

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3331 Brehms Lane, Balto. Md. 21213

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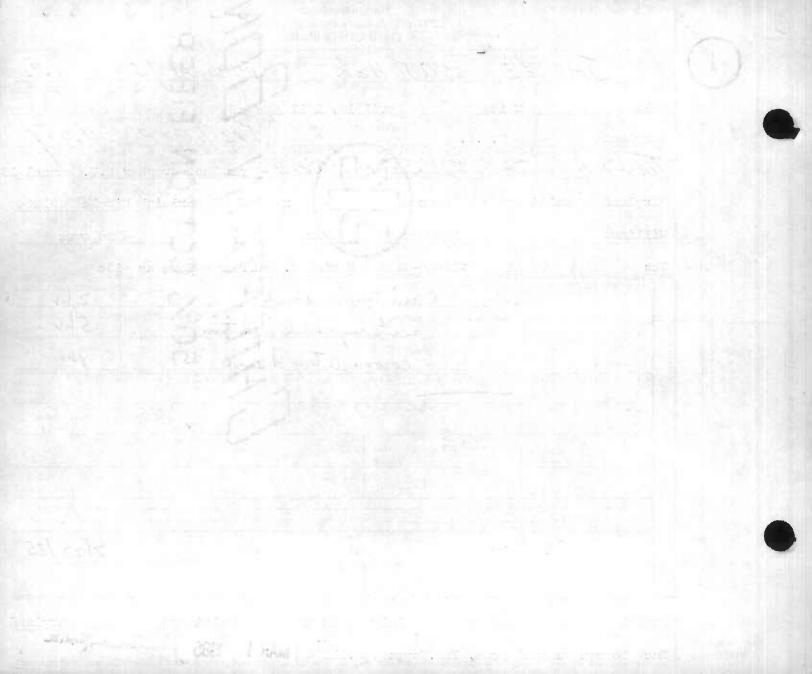
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活型ロック	city or town iddle Ri		11. NAME OF HO 22 Left	SPITAL, NURSIN ACHITY, GIVE STREET Wing I	r. 21220	HER INSTITUTION	ON 126. U	USUAL OCCUPATIO OR MOST OF WORKING LIE OUSEWITE	N (TYPE OF WORK	OR IND Homer	of Business Dustry making
25 M	SUAL RESIDENCE STATE aryland		DROTHER INSTITUTION, G ITY IMORE	13c. CITY OR		13d. INSIDE CITY	LIMITS? 13e. S	TREE LADDRESS WI	ng Dr.	21220	
30	FATHER'S NAME	ush	MIDOLE A	ndrews		15. MOTHER	s MAIDEN NA/	ME MIGDLE		Unkno	
) N	WAS DECEASE (YES, NO, OR UNKNO	D EVER IN U.S. ARI	MED FORCES? WAR OR DATES)		SECURITY NO. 41 - 712	I7. INFORMA		ssard 200	ORESS OP Tred		221 Rd.
DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 1 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	gave ri cause (a lying cau	IGNIFICANT CONDITIONS	(c) CONTRIBUTING TO DEATH		TO THE TERMINAL OISE			SWE O	diseas	- 10	Dyr.
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	216 EXTERNA UNDERLYING CONTRIBUTI 216 INJURY C WHILE AT WORK		DEATH P.A	A. MONTH DA	Y YEAR	OCATION STREET	OCCURRED (ENI	CITY OR TOWN	- 20	OUNTY	STATE
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AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	THEOREM	TION, REMOVAL	23b. DATE	23c. NAA	AE OF CEMETERY		23d.	LOCATION Bedfor	Docor.	UNIY	STATE
	FUNERAL DIRECTION		2-26-85 ADDRES	7401	Below Below	e 12d. 25		BY REGISTRAR 25		SIGNATURE	9
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Ruck Towson Funeral Home, Inc. Towson, Md. 21204

(VRA 15, 4)

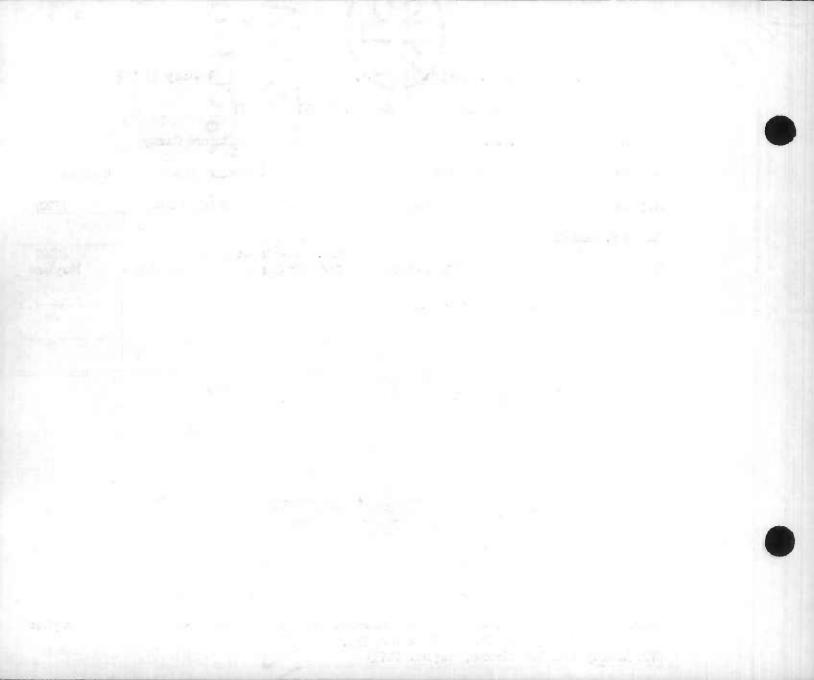


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8728 Liberty Road Randallstown, Maryland 21133

(VRA 15, 4)

une Daydson-Randale



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physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burnal training permit. Then please remove corban

should be detached for use as the bund with the State Dept. of Health on J. Merital IMPORTANT: If them 21 is morked or the

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mjury, or other troumotic event, the

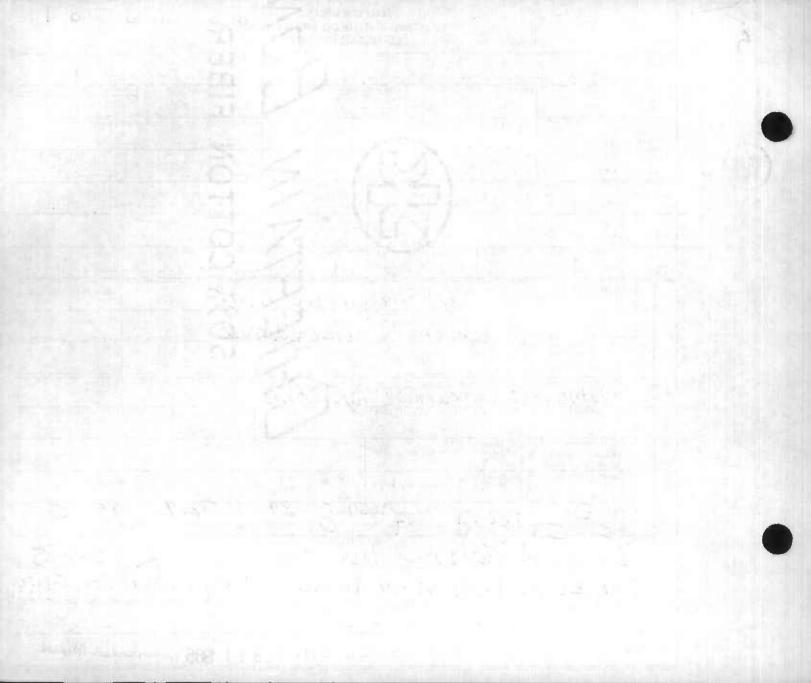
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	Ю.			
1		CEASED NAME	FIR51	- 111.5	WIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOU	R
1	1	Charles	Ja	ames (Campbel:	l. Sr		February	7.	1985	11:	150
	3. SEX	_		4. RACE		5. DATE C		6. AGE IN YEARS LAST BI		MONTHS DAYS	IF UNDER	24 HRS
	Ma	ale		White	9	Jan	27,1897	88	YRS		HOURS	MIN.
4		RTHPLACE ISTATE OF F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	8	- 🗆	9 BALTIMORE CITY				
1		arvland	- 1	U.S.A	1	WIDOWE	D NEVER MARRIED L	Baltimor	0 0	nin+ir		MD
1		TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND O	F BUSINE	
1	D	undalk			The Facility, GIVE STREE		21222	TYPE OF WORK FOR MOST				
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3	Mai	ryland	Ball	Imore	Bunda'l	K ^N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS			075	222
	14 FA	THER'S NAME					YES NO X	1808 Hom	berg	g Ave.,	212	22
A		FIRST		MIDDLE	1AST		FIRST	MIDDLE		LAS	1	
-		obert VAS DECEASED EVER	INITIC AD	MED FORCES	Campbe.		Selina	W. ADDR	Ha.			
	(Y	ES, NO OR UNKNOWN)		E WAR OR DATES)								
	No	0			1820-02·	<u>-8702</u>	Ralph O. C	ampbell (same	e as li		3)
		18 CAUSE OF DEATH	H (Enter or	ly one cause per	line for la), (b), a	nd (c)	int at a	ort		BETWEEN O	MATE INTER	DEATH
1			IMMEDIA"		Carou	7-1-63	piralory a	rrest				
1		DUE TO, OR AS A CONSEQUENCE OF										
ı		Conditions, if any, which (16) Coronary artery disease										
		gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
1		underlying cause last.										
1		PART 2 OTHER SIGN	HFICANJ (ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION	GIVEN IN PART IN	0	
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7	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONE	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDIN	4GS USEC	,
	IFIC			100				YES TO NOT		TIFYING CAUSES	OF DEAT	
d	ERT	21a. ACCIDENT WAS UND	ERLYING [216. TIME C	F INJURY		21c. HOW INJURY OCCUR				140	
1		OR CONTRIBUTING		3113	M. MONTH D							
П	MEDICAL	21d. INJURY OCCURR		P. 21e. PLACE	M.	19	21f. LOCATION					-
1	ME	WHILE I NOT WH	HE []		REET, FACTORY, OFFICE,	FARM, ETC)	STREET	CITY OR TO	NWO	COUNTY	51	TATE
		AT WORK AT WOR	ξK			A.	04	101	11	0		
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1		22d. PHYSICIAN'S NA	ME ITYPE C	OR PRINT)	-0	1-11	22e ADDRESS	At Vou 1	ladio	al Ch-	Bn	Ita
		DANIE	1	M. FE	, KLIVI.	AN	Francia Je	off head to	eone	a Gr	1	1221
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	24 FU	INERAL DIRECTOR		1122		1	25a. DAT	E REC'D. BY REGISTRAF	25b. REG	ISTRAR'S SIGNAT	URE	
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DHMH - 16 60M 7/84 (VRA 15, 4)



BP. DHMH - 16 50M 4/8 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	The state of the s	L. Capel		CATE OF DEATH	REG. N		111	
	CEASED NAME FIRST	WIDOLE	Car	-/	20 DATE OF DEATH	1 2 2 1	- P5	2b HOUR
	MOE	۷.	CAPE	<u></u>	ACE INVESTIGATION	- ~ J		IF UNDER 24
3. SE)	*	4. RACE	5. DATE OF MONTH	DAY YEAR	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HQURS
Fer	male	White	July	24, 1914	70	YRS.		
7a 85	MINPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	☐ NEVER MARRIED ☐	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
	rvland	U.S.A.	WIDOWED		Baltimore	Count	- 57	
10 CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME OF Y, GIVE STREET ADDRESS)		178 USUAL OCCUPAT	ION	12b. KIND O	F BUSINES:
	ndallstown ALRESIDENCE (IF NURSING HOME)	Baltimore	County Gene	eral Hospita	ll House wife	7		
	STATE 13b. COL			13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
Ma:	ryland Bal	timore Woo	odlawn	YES NO NO	2021 Royal	Court	Drive	2120
14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	AME		1.45	
Ph	ilip	Hes		Anna	V.		Marle	
16a V	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SC		17 INFORMANT	ADDRI	ESS	1101110	
No		IVE WAR OR DATES)	-36-7688	Bessie M. Se	1 by 3437 Too	ranviev	Drive	2122
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Z	gave rise to immediate cause (a), stating the	due to, or as a (c)	CONSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	derra	N IN PART TO	
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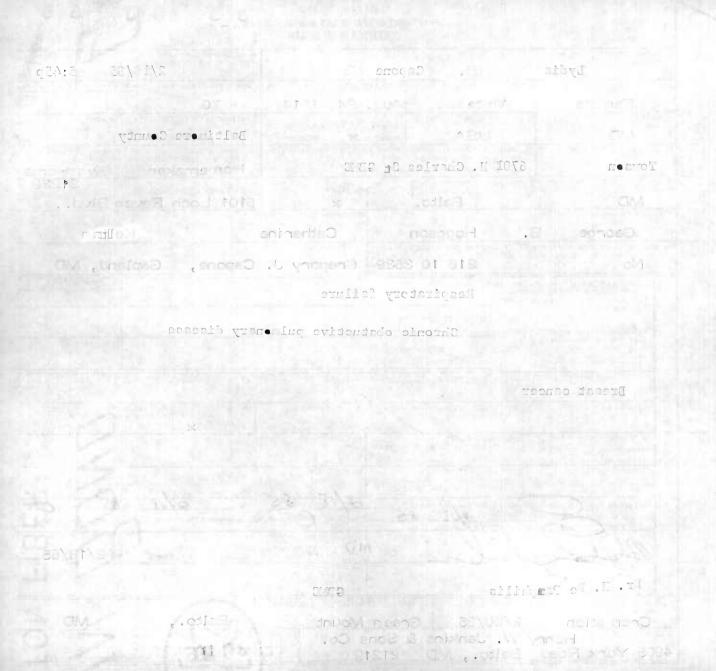
Duda-Ruck Funeral Home of Dundalk, Inc.

THE REPORT OF THE PARTY OF THE

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH 2h. HOUR DECEASED NAME MIDDLE LIVEE OF PRINTS 2/18/85 5:45p LYDIA CAPONE B. 4 RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) Aug. 24, 1914 White Female BALTIMORE CITY OR COUNTY OF DEATH In BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimere County MD USA DIVORCED [WIDOWEDIX NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 6701 N. Charles St GBMC Towson Homemaker Own Home SUAL RESIDENCE (IF NURSING POME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21239 13e STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? 6101 Loch Raven Blvd., Balto. YES X MD 15 MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE Catherine Klein George B. Hoggson 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS 216 10 3539 Gapland, MD Gregory J. Capone, No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Respiratory failure IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Chronic obstuctive pulmenary disease Canditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Breast cancer 20a AUTOPSY? 206, IF YES, WERE FINDINGS USED 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) The I certify that (this hospital attended the decressed from 1985 and that in (my) (our) ppinion death accurred an the date and have and from the causes stated 22c DATE SIGNED DEGREE MT ATTENDING MEDICAL 2/18/85 PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Dr. H. De Pamphilis GBMC 23d LOCATION 23a. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN Balto. 2/20/85 Green Mount Cremation 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Henry W. Jenkins & Sons Co. Julia Davidson Randal 4905 York Road Balto., MD



DHMH - 16 50M 4/83 (VRA 15, 4)

1	FOR STATE REGISTRAR	/		DEPARTM	ENT OF HE	OF MARYLAND EALTH AND MENT CATE OF DEAT		REG. N	0	3 0	6 4
	1 DECEASED NAMI	FIRST WILLIA		NIDDLE	C A		34	20 DATE OF DEATH	HINOM	DAY YEAR	26. HOUR P
ł	3. SEX		RACE	0	5. DATE OF	RSON		AGE (IN YEARS LAST BE	2 05	85	9:57 M
J	MALE		WHI	TS	MONTH	DAY Y	AQ	h!+	YRS.	MONTHS DAYS	HOURS MIN.
A	COUNTRY)	TATE OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARR		BALT IMO	OR COUNT	Y OF DEATH	
4	1) ARYL	Ano DE DE ATH	U. S.	IOSPITAL, NURSING	WIDOWED			126 USUAL OCCUPAT			MD. OF BUSINESS OR
1	TOWSON	OI DEATH		FACILITY, GIVE STREET A	DDRESS)	RLES ST		CARRISR		WE) INDUSTRY	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	MARYLA	no RALT		GIVE RESIDENCE BEFORE A	1	13d INSIDE CITY LI	X		/ ZIP COD		21093
A	14. FATHER'S NAME		NDDLE	C LAST		15. MOTHER'S MA		E CMIDDLE		LAS	
4	IAN WAS DECEASE	D EVER IN U.S. ARA	AFD FORCES?	LARSOI		J A 17 INFORMANT	75	RUT	ESS	US.	AVSR
1	YES, NO OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	218015		FAM	114	RECORD	S		
	gove rise couse (o), underlying	if ony, which to immediate stating the couse lost.	((c)	MÝOCARD R AS A CONSEQUE	TAL NCE OF		ION	NAL DISEASE OR CON	UDITION GI	VEN IN PART 11	0.
1	19a DATE OF	OPERATION	196 CONDI	TION FOR WHICH (OPERATION	WAS PERFORME	D	200 AUTOPSY?	IN CERT	ES, WERE FINDIN	
-	OR CONTRIBUTE	WAS UNDERLYING NO CAUSE OF DEATH	P./	M. MONTH DA M.	Y YEAR		OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18	PART 1 OR PART 2)	
	ZId INJURY (NOT WHILE	21e. PLACE (OF INJURY EE1, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET		CITY OR T	OWN	COUNTY	STATE
	220.1 certify	that (I) (this hospit	£105	19	2/0 85, on	, ' '	85 opinion de	, to)5 late and ho		that (I) (we) lost causes stated
	27 SIGNATI	on My	INDIA	MA M	D	PHYS	IDING ICIAN [MEDICAL STA	AFF CIAN X	27c. DATE 2/0	SIGNED
	JAY	M. LUST	BADER	M.D.		GBMC (6701	N CHARLE	S ST		
	230. BURIAL, CREM SPECIFY) 24. FUNERAL DIRECT	AF	FEB.9	1382 01	LANS	EMETERY OR CREM	ATORY 250 DATE	23d. LOCATION CITY OR TOWN REC'D. BY REGISTRAL	NO PEGIS	BALTO.	MARYLAI TURE

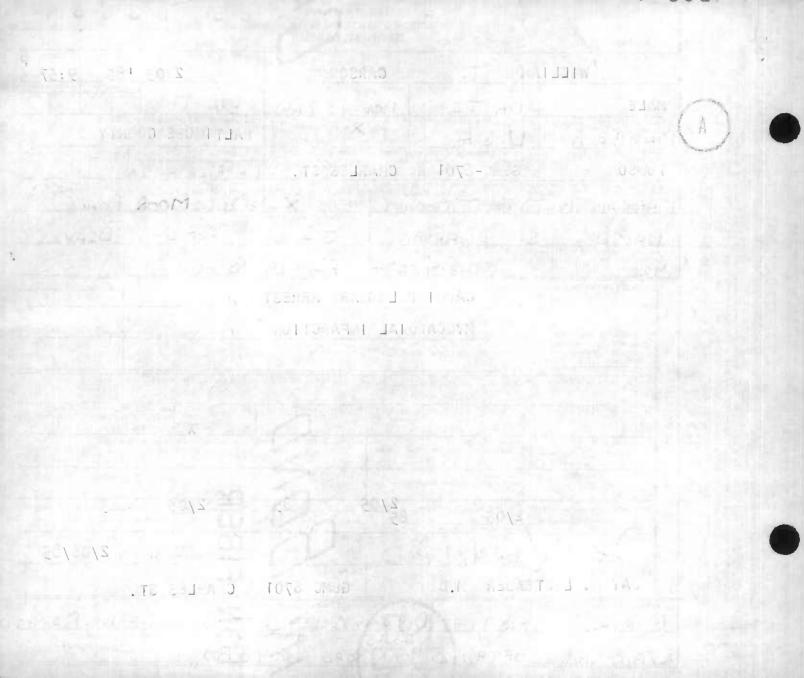


TABLE ISSUED STREET STREET TO LET

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, the

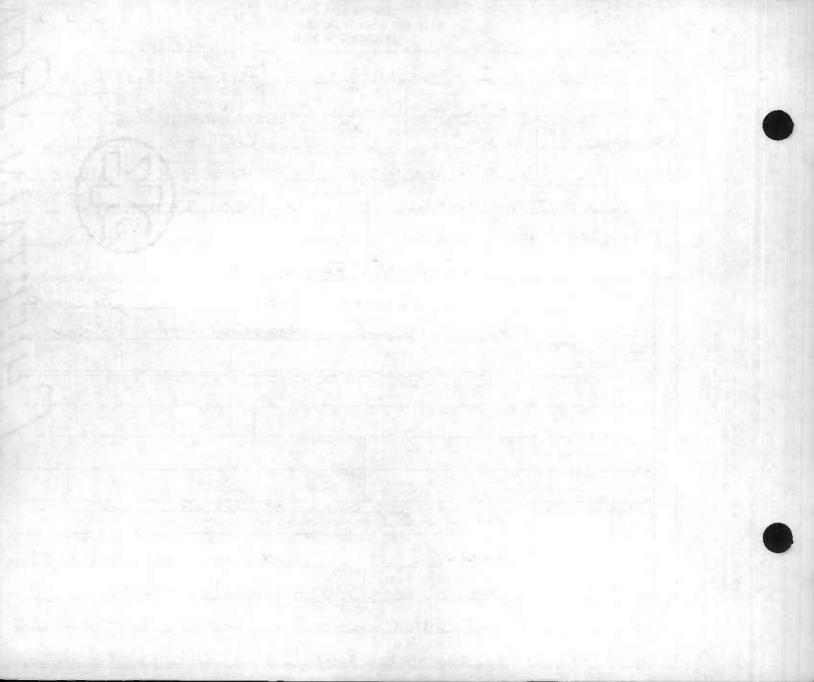
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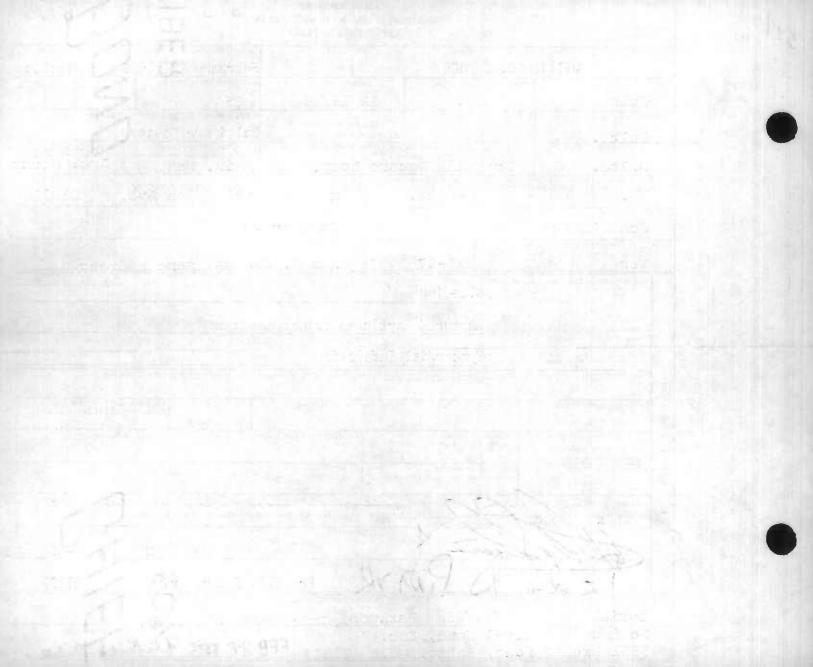
1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH 26 HOUR C = C: 1 0 04 10 1000

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	3. SE	X	4. RACE		OF BIRTH		6. AGE INYEARS LAST BIR		FUNDER I YEAR	IF UNDER	
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1	10 CI	TY OR TOWN OF DEATH		'AL, NURSING HOME TY, GIVE STREET ADDRESS)	OR OTHER INS	TITUTION	120 USUAL OCCUPATI		12h KIND OF	F BUSINE	SSOR
0	10	ekv.115	2205 10	ular Av	5		0000 - 01	5 R	BENC	7: V	00
-	USU	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RE	SIDENCE BEFORE ADMISSION	1		1-12021 (0-	411	110 211	214	70.
6		STATE 136 COUR		ITY OR TOWN	1 13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		313	34
2	1	ARYLAND BALT	imore HA	RKVILLE	YES 🗌	NO X	2205 T	AYLOR	LAVS		
()	14 FA	THER'S NAME	THE STREET		15. MOTHER'S	S MAIDEN NAM		A. 751			
1	1	FIRST	MIDDLE	LAST	00	FIRST	MIDDLE		P- O LAST	-	
10	14 1	HEODORE		0000	LA	RRIZ	ADDRE	cc	12KV	U.3	
1	10a V	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES	OCIAL SECURITY NO.	17 INFORMA	ANI	ADDRE	.33			
/		No	13/1	+240535	1 FA	M.77	RECORDS				
		18 CAUSE OF DEATH (Enter or	ly one couse per line to	rip) (b) and ici)					APPROXI	MATE INTER	VAL
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		IMMEDIA	TE CAUSE (0)	Cana	lac	una	40-7		1000	man	Co
			DUE TO, OR AS A	CONSEQUENCE OF	-	1.			1 0		
		Conditions, if ony, which	(b)	acu	Ce	como	hele		1 3 de	The same	
		gove rise to immediate)						-		-
		couse (a), stating the underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF							
			(c)								
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BU	T NOT RELATED	TO THE TERM	NAL DISEASE OR CON	DITION GIVE	N IN PART To	1	
	o N										
1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION	OR WHICH OPERATE	ON WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USEC	,
1	문	Carried Charles					V55 CD NOC		ING CAUSES		H?
_	- W		2 21 7115 05 11111	DV	131 110	LUIDU AGALAN	YES NO	YES		NO [
(A'		218. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF INJU	NONTH DAY YEAR	21t. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	RT OR PART 2)		
1	₹ .	(IF EITHER NOTIFY MEDICAL EXAMINE	AID .	19							
/	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJ	URY	211 LOCATIO						
- 0	X	WHILE NOT WHILE	(AT HOME, STREET, FAC	TORY, OFFICE, FARM ETC.)	STREET		CITY OR TO	WN	COUNTY	51	TATE
		MHILE NOT WHILE AT WORK			,			4			
-		220.1 certify that (I) (this hosp		- 2	une.	19_70		. 1		that (l) (w	
		sow the deceased plive on above, (1) (we) (did) (did no	1) view the bady atters	19 2	and that in (my)	(ear) obinion q	leath occurred on the de	ate and hour	and from the c	couses sto	ted
		22b SIGNATURE	IT view the body offer o	eom.	DEGREE				22c. DATE S	SIGNED	
			1000	-	4	ATTENDING .	MEDICAL STAI	FF	-		
1		//	muse,	-			DIRECTOR PHYSIC	IAN 🗌	1-513-	19,19	185
		224 PHYSICIAN & NAME (TYPE C	OR PRINT)		22e ADDRES	S	_	· ·		,	
1		DR. S. 511107	T HERR.	<	8100	HOOL	in Roan	- Maa	Kv:115		
	23a B	SURIAL, CREMATION, REMOVAL	23b DATE	1234 NIAME OF	CEMETERY OR	CREMATORY	23d LOCATION	1011	1/1/200		
		SPECIFY)	Z30 DATE	O V		-	CITY OR TOWN		COUNTY	51	ATE
	10	URIAL	1128.21 198	5 MARKU	KKID (SI	100 01	ITARKVIL	15 BF	ITO-1	JARY	And
9.4	24 FL	JNERAL DIRECTOR		ADDRESS 8800		250 DATE	REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNATI	URE	
54	5.	- / 11 - 0 - 1	FM2MOR	25 HARFUS	ROPO	ELD	20 1005	The Oliv	1 13	nota 19	
		vans chapsed	7 T. J. 121'10'SI	S INNEO!	W NOW		Zi U 1300			Par de cho	





STATE OF MARYLAND 8 5 0 CEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR (TYPE OR PRINT) Ames 111666 4 RACE 3. SEX 5. DATE OF BIRTH . AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MAIS INTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. Alto Dunh WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Towson Ret. U.S. Army USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION 130 STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET, ADDRESS / ZIP CODE ma Towson 018 NOX MARILMA 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Sarah James Chiveral Burch ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Elaine Adkins 1018 Valewood Rd. WW II Korean 35Yrs Yes 217-07-9216 21204 18 CAUSE OF DEATH (Enter only one couse per line for ta), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) publisheda DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH AL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INTURY 21f LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET AT WORK NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on, and that in (my) (our) opinion death accurred on the date and have and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS

{SPECIFY

DHMH - 16 60M 7/84 (VRA 15, 4)

0

BP

00

Her

0

100

MPORTANT:

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

^{23b. DATE} **Feb** 28 1985

23c NAME OF CEMETERY OR CREMATORY

Meadowridge Memorial

al Dorsey

"Maryland STATE

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Tributa .c. U .t. and and provide the first for the first Pacific Property Commencer AND THE STATE OF T dinalyzed . store that . onl . top . topset be

TENDING PHYSICIAN: The la

TO HOSPITAL OR ATTENDING PHYSICIAN: The I retained by the hospital ar attending physician.

director, page 3 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			CERTIF	ICATE OF E	EATH	REG. N	10.			
DECEASED NAME	FIRST	WIDDLE	U	AST		20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOL	JR
	harles	Carrol	1 C	labaug	h, Jr.	Feb	ruary	20,19	85	M
3 SEX	4 RACE	12500	5. DATE O		WEAD	& AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DATS	R IF UNDER	MIN.
Male	Wh	ite	July	8,	1909	75	YRS.	MONTAS DAYS	ACOKS	MIN.
70 BIRTHPLACE (STATE OR	OREIGN 76 CITIZEN	OF WHAT COUNTR	Y? 8	NEVER /	AARRIED T	9 BALTIMORE CITY	DR COUNT	Y OF DEATH	11-2-	
Maryland		USA	WIDOWE		VORCED [Baltimo	re Co	ounty,		MD.
IN CITY OR TOWN OF DEA		OF HOSPITAL, NUR		R OTHER INST	TITUTION	12a. USUAL OCCUPAT			OF BUSINE	ESS OR
Towson	Man	or Care-	Ruxton	Nursi	ng Hon	ne Manag		Bak		
USUAL RESIDENCE (IF NURS	ING HOME OR OTHER INSTITUTION TO THE PROPERTY OF THE PROPERTY	136 CITY OR TO		13d, INSIDE C	ITY UMITS?	13e STREET ADDRESS	/ ZIP COD)F		
Maryland	Baltimor	Cocke	ysville		NO 🔯	16 D Stag	Hor	n Cour	t #2	1030
14 FATHER'S NAME	WIDDIE	LAST		15 MOTHER'S	MAIDEN NAM	ME MIDDLE			AST	
Charles	Carroll	Claba	ugh, Sr	. He	nrietta	Amelia		Deakin		
160 WAS DECEASED EVER	IN U.S. ARMED FORC	ES? 166 SOCIAL SE		17 INFORMA		ADDR		ockeys		
(YES NO OR UNKNOWN)		215-01	-6290	Mrs.	Ida L.	. Clabaugh	., 161			
18 CAUSE OF DEAT PART I. DEATH W	H Enter only one cous	e per line for post	ond icf		7			APPRO BETWEEN	XIMATE INTER	RVAL DEATH
PARTI. DEATH W	IMMEDIATE CAUSE) Ul-	neen	ner s	disec	ase-		Sev	Mar	2
	DUE T	O, OR AS A CONSEC	DUENCE OF	, .		1 1				
Conditions, if ony,		b) UKI	us Sche	rotic	Masa	ulardis.	ease	Sev	4 PW	1
couse (a), statir	g the DUET	O, OR AS A CONSE	DUENCE OF							
	((
	NIFICANT CONDITION	IS CONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERMI	INAL DISEASE OR COM	IDITION GI	IVEN IN PART 1	Ia	
190 DATE OF OPERA	ION TIPE CO	ONDITION FOR WHI	CH OBERATION	NA/AC DEDEC	DAAED	200 AUTOPSY?	205 IE VI	ES, WERE FIND	INICCLISE	
E IN DATE OF OPERA	198 CC	DNDITION FOR WHI	CH OPERATIO	N WAS PERFU	KMED		IN CERT	IFYING CAUSE	SOFDEA	TH?
210. ACCIDENT WAS UNI	SERLVING TO 215 TH	ME OF INJURY		121, HOW IN	ILIPY OCCUPE	YES NO		ES	NO [
0.0.00		R A.M. MONTH	DAY YEAR	211.110 W 11	JOH! OCCURR	(ENTER NATURE OF IN)	JKY IN IIEM 18	PART I OR PART 2)		
THE EITHER NOTIFY MEDI		P.M. ACE OF INJURY	19	21f LOCATIO	N.					
MUITE NOT ME	(AT HOM	AE STREET, FACTORY OFFI	CE, FARM ETC)	STREET		CITY OR F	NWC	COUNTY	5	STATE
AT WORK AT WO			8-	/ ~	10 62	2-	20	10.85	41	
sow the deceas	(this hospital) attended	- 9	Corre	d that in (my)	opinion d	death accurred on the c	ate and ha	u and from the	e couses sti	nted
above, (1	ed (stid not) view the t	body after death.	-	DEGREE					E SIGNED	
////	140	harry	In un		TTENDING	MEDICAL STA		2.77.8	-5-	
22d. PHYSICIANS N	AME (INFE OR PRINT)	10 PULLER	A	22e ADDRES	PHYSICIAN X	DIRECTOR PHYSI	LIAN	940		
Alfred	G. Ossm	an Tr	MD	110)1 S+ T	Paul Stree	· Ba	1to 14	4	
23a BURIAL, CREMATION,		<u>-</u>	NAME OF CE			123d LOCATION	, Da.	110., 1010	٦,	
Burial					metery	CITY OR TOWN	vn P	Balto.	Md	STATE
24 FUNERAL DIRECTOR	nacien 192	newson!			Z5a DATE	F REC'D BY REGISTRAL	25b. REGIS	TRAR'S SIGNA	TURE	
Lemmon-M	itchell-Wi	edefeld,	10 W.	Padon	ia Rd	B 2 2 1985	la la	within -	Manch	172.

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygene prior to burial, crematian, or removal.

MAPORTANT: If hem 21 is marked or hem, 8 shows ony injury, or other traumatic event, the medical

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	1	4	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computery lilted in by the fundate should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, Page 3, Mailton be filed within a with the State Dept. of Health and Mental Hygene prior to burial, crematian, ar removal.	IMPORTANT: If them 21 is marked or them 18 shows gay injury, or other traumatic event, the medical professional manual or other

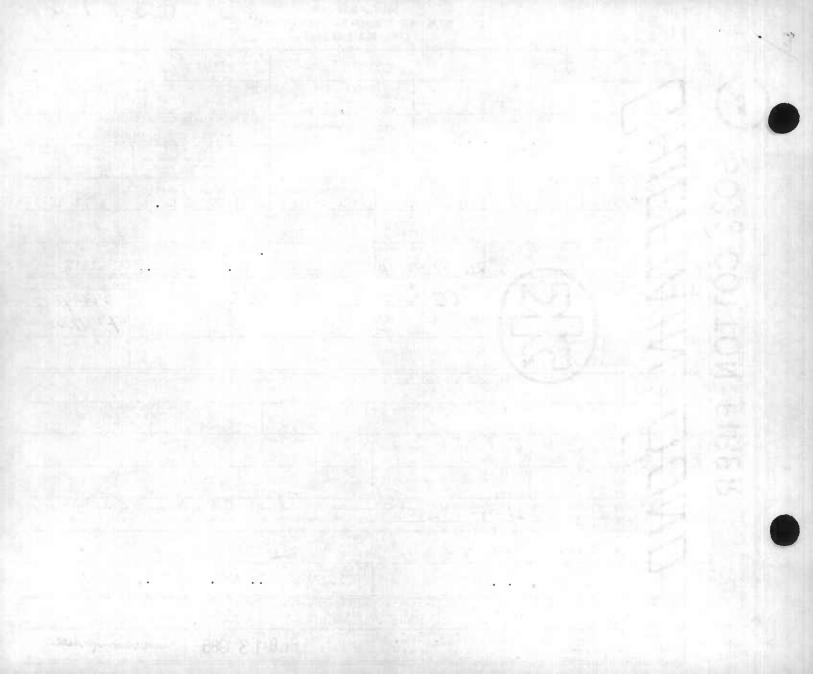
STATE OF MARYLAND FOR STATE

6010 REISTERSTOWN RD. BALTO, MD 21215

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO).			
	DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) HENNYE				HEN		OF DEATH BRUARY	MONTH	DAY YEAR	2b. HOUR 5:11A.	
3. SE	X	4 RACE		5. DATE C		6. AGE (IN	N YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
FEMALE WHITE		Ξ	JUNE 7, 1902			82	YRS.	MONIHS DAYS	HOURS MIN.		
IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT C		WHAT COUNTRY?	RY? 8 MARRIED NEVER MARRIED			9. BALTIMORE CITY OR COUNTY OF DEATH					
MARYLAND			U.S.A. WIDOWE		DIVORCED	B	BALTIMORE COU				
			HOSPITAL, NURSING HOME OR OTHER INSTITUTION (CH FACILITY, GIVE STREET ADDRESS)				120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY				
PIKESVILLE PIKESVILLE NURSING UAL RESIDENCE (IF OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS					OME	HOUS	HOUSEWIFE			HOME	
130.	STATE COUR		13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS?		ADDRESS /			21215	
_	MARYLAND ATHER'S NAME		I BALITMO	KE	YES X NO 1		FORDS	LA.	#	21215	
	MORRIS	WIDDLE	FEINBER	G	IDA		MIDDLE	I	JNKNOWN LAS	ıT	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SEC			166 SOCIAL SECU		· · · · · · · · · · · · · · · · · · ·						
(14 YES, NO OR UNKNOWN) (14 YES, GIVE WAR OR DATES) 216-67-961				76/70	BEOO GLADINELL DD DAVEO						
	18 CAUSE OF DEATH (Enter or	nly ane cause per				^				IMATE INTERVAL	
MEDICAL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA	D BY. TE CAUSE (a)	CD GE	PNA	DRY TITELL	1 BOSIS			30	arm	
	DUE TO, OR AS A CONSEQUENCE OF // 1) CONTO								2011	16,0	
	Conditions, if ony, which gove rise to immediate				AS (NI)				904	avyene	
	cause (a), stating the underlying couse last										
	(c)										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT			OPERATIO	ON WAS PERFORMED 200 AUTOPSY?			20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \) NO \(\text{NO} \)			
	210, ACCIDENT WAS UNDERLYING 216, TIME OF INJURY OR CONTRIBUTION 2 CAUSE OF DEATH HOUR A.M. MONTH DAY				21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
	OR CONTRIBUTING CAUSE OF DE	NI II		AY YEAR							
	21d INJURY OCCURRED	21e. PLACE	OF INJURY	ARM STC)	21f. LOCATION		CITY OR TOW	v2	COUNTY	STATE	
2	WHILE NOT WHILE AT WORK	TAT HOME, ST		A.	76	9	10	,	mr		
8	22a. I certify that (I) (this hospital) attended the deceased from										
8	22b. SIGNATURE DEGREE 22									SIGNED	
	grylopenus			10000	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN				2/6	/85	
	JOSEPH SHEAR, M.D.				6715 PARK HTS. AVE. BALTO., MARYLAND						
	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	CI	CATION ITY OR TOWN		COUNTY	STATE	
24 5	BURIAL	2/7/8			HEBREW CEM		ALTO.	III DECH	MD	1105	
	UNERAL DIRECTOR SOL LE				FE	B 1 3	1985	- VILVE	STRAR'S SIGNAT	nder	

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND

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4	FOR 1 - STATE REGISTRAR	DEP	STATE OF MA ARTMENT OF HEALTH A CERTIFICATE
1	1. DECEASED NAME FIRST	MIDDLE A.	Conwa
	3. SEX	RACE	5. DATE OF BIRTH

RYLAND AND MENTAL HYGIENE OF DEATH

		REGISTRAR		CERTII	ICAIL OF DEATH	REG. NO				
		CEASED NAME FIRST	MIDDL	E	ASI	20. DATE OF DEATH M	AONTH DAY	YEAR	2b. HOUR	_
	(TABE	ORPRINT) MiCHEL	2 A	· Con	WAY	FEBRUARY	2,198	5	59.	Μ
	3. SEX	X	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH	MONTH	DER I YEAR	IF UNDER 24 HRS	_
	FS	ZLAME	WHIT	E D'SC	2. 30, 1967	17	YRS.		HOURS MIN,	
p	7a BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	AT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH		
5	1	ARYLAND	U.S.A	· WIDOWE		BALTIMO	RS CO	TAY	4 "	D.
	10 CI	TY OR TOWN OF DEATH		PITAL, NURSING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATIO		KIND OF	BUSINESS OF	?
0	14	ARKVILLE	33041	30,2000U	AVS.	STUDENT	WORKING (IVE)	DOSTRI		
100	USUA 13a S	AL RESIDENCE (IF NURSING HOME O		RESIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		3133	4
6	M	ARYLAND BAL	TIMORELF	ARKVILLE	YES NO	3304 W	12000	05 6	Avs.	ľ
	14 FA	ATHER'S NAME	WIDDLE	LAST	15. MOTHER'S MAIDEN NA					
Y,	7	JOHn h.	Con	WAY, JR.	CAROLY	A A.		FN	SR	
1		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b	SOCIAL SECURITY NO.	17 INFORMANT	ADDRES	S			
1		no	9	17 28 8273	1 - AM.LY	RECORDS				
		18 CAUSE OF DEATH (Enter a	ED DV		0'0	000-00		BETWEEN O	AATE INTERVAL INSET AND DEATH	
		IMMEDIA	TE CAUSE (0)	ARDIO ME	PILATORY	ARREST				_
				A CONSEQUENCE OF	00.0.0	Mariana				
		Conditions, if ony, which gove rise to immediate	(p) 0122	EM IN HTED	APVANCED	MINTEL GIVANT	MELANOM	A		
		cause (a), stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF						
			(c)							=
	NO O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR COND	ITION GIVEN IN	I PART Ira		
	AT	190. DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEF			-
-	CERTIFICATION					YES NO NO	IN CERTIFYING YES	CAUSES	OF DEATH?	
7	E. C.	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN	JURY MONTH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 10	R PART 2)		
1	CAL	OR CONTRIBUTING CAUSE OF DE	AIR	19						
	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF II		211 LOCATION	CITY OR TOW	N C	OUNIY	STATE	-
	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET	FACTORY OFFICE FARM, ETC.)	SINCE	CIII OK 10 K			31712	
		220 1 certify that (1) (this hasp	ital) attended the de	ceosed from SET	19.0.4	TAN	19_6	3	hat (1) (we) las	st
		sow the deceased alive or above, (1) (we) (did) (did no	at priew the body afte	r death, 19 death, or	nd that in (my) (aur) apinion	death accurred an the dat	e and have and	from the c	ouses stated	
	-	22b. SIGNATURE	2)/	1	DEGREE	MEDICAL COLOR		2c. DATE S	IGNED	
		ann !	Jun	us	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		2/05	185	
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)		27e ADDRESS	. of part	T 110 6	10	0	
		ICHEFM	EDYIA	N IIII	pa 3- 4/1le	ne St BAT	11100	1/26	79	
	22. D	HIPIAL CREMATION DEMOVAL	224 DATE	122. NIAME OF C	CAACTERY OR CREAL ATORY	224 LOCATION				

TO HOSPITAL BP.

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If them 21 is marked or frem 18 shows any injury, or other free should be detached for use as the burial-tronsit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial,

CREMAT

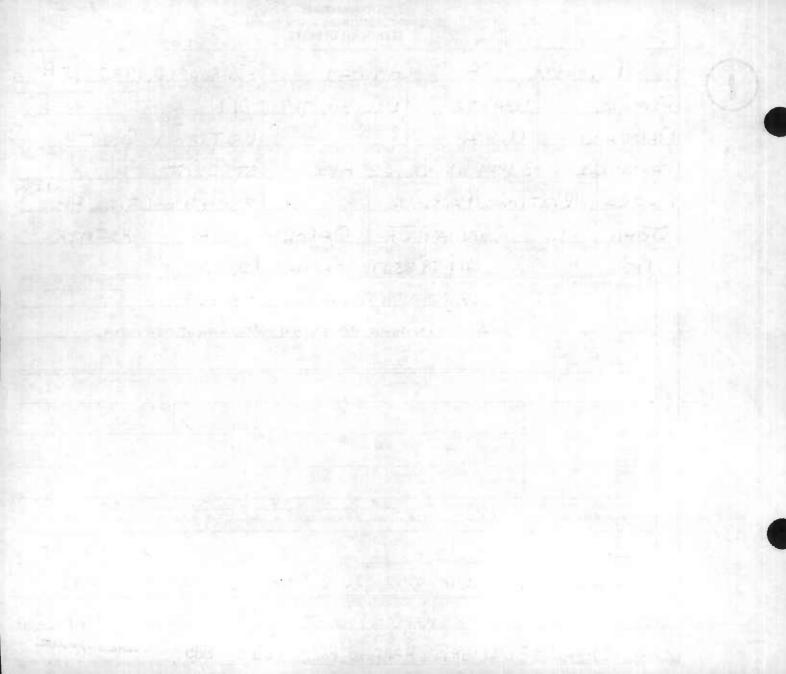
24 FUNERAL DIRECTOR

FEB 5, 1985 GREEN M. F MEMORIES HARFURO nuo

CITY OR TOWN

BY REGISTRAR 250. REGISTRAR'S SIGNATURE 250 DATE REC'D.

1985 FEB 6



STATE OF MANUELAND

DEPARTMENT OF HEALTH AND MENTAL HYGTENE

	REGISTRAR								REG. NO.			
	EASED NAME	FIRST		MIDDLE	į	AST		2a. DATE OF	DEATH MON	TH DAY	YEAR	26. HOUR
[TYPE (OR PRINT)	ERNE	EST	E.	CC	OKE,	JR.	Febru	uary 2	, 198	5	200
3. SEX	(4 RACE		5. DATE C			6. AGE IN YE	ARS LAST BIRTHDAY		DER TYEAR	IF UNDER 241
	Male			nite			919		35	YRS.	AS. DAYS	HOURS A
	RTHPLACE (STATE O	R FOREIGN		WHAT COUNT	TRY? 8	D NEVER A	MARRIED -	9. BALTIMOR	E CITY OR CO	DUNTY OF E	DEATH	
	MD		1	USA	WIDOWE	_	VORCED [Bal	timore	Cou	nty	
10. CIT	TY OR TOWN OF DI	EATH		HOSPITAL, NU	IRSING HOME	OR OTHER INST	TITUTION		CCUPATION FOR MOST OF WO	12	NOUSTRY	F BUSINESS
	Baltimor		7100	Sheffie	ld Road	d		Execu	utive-V	/anSa	nt D	ugdale
13a. S	MD	13b COUN		13t. CITY OR 1	TOWN	13d. INSIDE C	ITY LIMITS?	13e STREET A	DDRESS / ZIP Sheffi	cope eld F	Rd.,	21212
14_FA	THER'S NAME FIRST		AIDDLE	1 457		15. MOTHER'S	S MAIDEN NA	WE	WIDDIE		LAS	
D	Ernest		AND DIE	Cook	ke, Sr.	Fr	ances		WIDDLE		Sear	
	VAS DECEASED EVE	R IN U.S. ARA			SECURITY NO.	17, INFORMA	MT		ADDRESS			
(A	Yes, no or unknown)	Arm	WAR OR DATES)	204 05	5 3645	Mrs	. Viro	inia S	. Cool	ke.	Sar	ne
	18 CAUSE OF DEA					^			1			MATE INTERVA
	Canditians, if an gove rise to in couse (o), state underlying cau	mmediate ting the se last.	(c)_	DR AS A CONSI		NOT DEL ATER	TO THE TERM	INIAI DISEASE	OP CONDITION	ON GIVEN II	N PAPI 1	
CATION	gove rise to in couse (a), stat	mmediate fing the se last.	ONDITIONS C	dr as a consi	eouence of			IN AL DISEASE	PSY? 20t	b. IF YES, WE	RE FINDIN	IGS USED
THECATION	gove rise to in couse (a), statunderlying cau	mmediate fing the se last.	ONDITIONS C	dr as a consi	EOUENCE OF			20a AUTO	PSY? 20t		RE FINDING CAUSES	IGS USED
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DHMH - 16 50M 4/B3 (VRA 15, 4)

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24 FUNERAL DIRECTOR Henry W. Jenkins & ADDRESS ADDRE

The second secon CLEAR TO STORE TO STORE THE STATE OF THE STA Bonnel grand . I ally world that the same and

FOR DEPARTMENT OF HEALTH AND MENTAL PLYCHENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 74 DATE KNOWN X DECEASED NAME 7h HOUR (TYPE OR PRINT) ESTI-Cookson DEATH MATED 1019 85 Dawson Tee 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 3. SEX DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) 3:057 PRONOUNCED Nov. 11 1963 Male 21 White DEAD YRS 10 19 85 Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland U.S.A. WIDOWED [DIVORCED Baltimore County, CITY OR TOWN OF DEATH FILED, 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY IF NOT IN SUCH FACILITY GIVE STREET ADDRESS FOR MOST OF WORKING LIFET Mechanic Southern Sta. I-95 ramp to 166 (north) Catonsville SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 36 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Da STATE 13c CITY OR TOWN NO 10x 3906 Foxhill Drive 21043 Ellicott City YES Maryland Howard 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME Neilson William Cookson Lee Laura 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 3996 Foxhill Drive DIVISION PAGES 1 (YES, NO, OR UNKNOWN) Ellicott Gity, MD 21042 6/82thru 9/84 215/88/3287 W.William Cookson 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH THE SHOULD BE USED AS A BURIAL-TRANSIT FERMIT. THE LEFARTMENT OF HEALTH AND MENTAL HYGIENE, DIT PROR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cranio cerebral trauma DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 2.45xx 10 1985 Driver in auto out of control 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION WHILE AT WORK AT WORK TO STREET, FACTORY, FARM, ETC.) I-95 ramp to 166 (north), Catonsville, Balto, MD. road PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BATTIMORE, MARKEAND Autolosy X 22a I certify that I took charge all the Inspection and in my apinian death resulted fram: Hamicide Undetermined manner Spicide TITLE (SPECIFY) ACTUAL Acting Chiefpical EXAMINER 2/10/85 SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto., MD. (TYPE OR PRINT) ADDRESS 23a. BURTAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE Burial John'sCemetery Ellicott 07/84 24. FUNERAL DIRECTOR **DHMH - 17** Caracallant (VR A15 ME (5)) SLACK FUNERAL HOME Ellicott City MD 21043

c/1/5 within

death certificate be

HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1		REGISTRAR				CERTII	ICAIL OI	DEATH	REG. N	O.		
		CEASED NAME	FIRST	10.75	MIDDLE	1	AST	W. T. L. T.	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
			Rober		DAVID.		ORBIN		February		1985	3:41P M
8	3. SEX	X		4 RACE		5. DATE C		YEAR	& AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
	Ma		170	White		4	28	1921	63	YRS		
,		RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8 MARRIEI	NEVER	MARRIED -	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
2		rginia		U.S.A.		WIDOWE	D	NORCED [Baltimor	e Cou	inty	MD.
7	10 CI	ITY OR TOWN OF D	EATH		HOSPITAL, NURSI CHEACILITY, GIVE STREE		OR OTHER INS	NOITUTIT	120 USUAL OCCUPATI			OF BUSINESS OR
		ssville			in Squar		ital		Electricia	an	Beth	. Steel
5	13a. S	AL RESIDENCE (# NU STATE	13b COUN		13c. CITY OR TO		13d. INSIDE	CITY LIMITS?	13e.STREET ADDRESS	ZIP COD	ÞΕ	
1		ryland	Balt	imore	Dundalk		YES 🗌	NO 🔀	7945 St. I	Bridge	et Lane	21222
-	14. F.A	ATHER'S NAME FIRST	,	MIDDLE	LAST		15. MOTHER	S MAIDEN NAM	AE MIDDLE		LA	ST
2		nneth		E.	Corbin		Man		М.		Cor	bin
		VAS DECEASED EVE		MED FORCES?	166. SOCIAL SEC	URITY NO.	17 INFORM	ANT	ADDRE	SS		
	Ye	es	WW	II	219-05-5	882	Elsi	E. Cor	bin	Sam	e as 13	
		18 CAUSE OF DEA	TH (Enter on	ly one cause per	r line far (a), (b), a	nd (ci.) R	espira	tory Arr	rest		BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH		E CAUSE (a)	Large Co	ell Un	differ	entiated	d Lung Canc	er		
				DUE TO, O	R AS A CONSEQU	JENCE OF						
		Canditions, if an		((b)								
		gave rise to in		DUETO	R AS A CONSEQU	IENCE OF						
		underlying cau	se last.	(c)		,					THE WAY	
		PART 2 OTHER SIG	GNIFICANT	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR CON	DITION GI	IVEN IN PART 1	0
	CERTIFICATION											
5	CAI	190 DATE OF OPER	ATION	196 COND	ITION FOR WHICH	H OPERATIO	N WAS PERF	DRMED	200 AUTOPSY?		S, WERE FINDI	
-	TIF								YES NO		ES 🗌	NO 🗌
	CE	210. ACCIDENT WAS U	- Description of the Control of the	216. TIME C		DAY YEAR	21c. HOW II	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
	CAL	OR CONTRIBUTING		1141	.M.	19						
	MEDICAL	214 INJURY OCCU	RRED		OF INJURY	EARAN SIC 1	211. LOCAT		CITY OR TO	wn	COUNTY	STATE
	>	AT WORK AT W	WHILE C	(A) Home of	ALLI, FACTORY, OFFICE,	Tanin Live J	100					
		220 I certify that	Unthis haspit	tal) attended th	he deceased fram.	Febru	ary 25	19_85	_, 10 Februar		. 19_85_	that ((we) last
	-	saw the deced	ised alive on	Februa view the body	ry 2/ 19_	85, ar	nd that in (pd	(our) opinion d	leath occurred an the do	ate and ha	ur and from the	causes stated
И		22h. SIGNATURE		1			DEGREE	1000	ARTIC PROPERTY.		22c DATE	SIGNED
3		Dre	enne	4/6	N	1	MD.	ATTENDING PHYSICIAN	MEDICAL STAI		2/3	27/85
		224 PHYSICIANS	and the second second				22e ADDRE	SS			4	
		Gregory	/ Ross	, MD			9000	Frankli	in Square D	r., 2	21237	
٦		BURIAL, CREMATION	, REMOVAL	23b. DATE	23€.	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATION			
		rial		3/2/19	985 N	1eadow:	ridge		Dorsev	Н	loward	Maryland
	24. FL	JNERAL DIRECTOR	Duda-F	Ruck, Ir	nc. ADDRESS			25o. 1474	ACA BY REGISTAR		TRAR'S SIGNA	LURE

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funshoold be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filed with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 21 is marked or them 18 shows any injury, or other traumatic event, the medical

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STATE OF MARYLAND

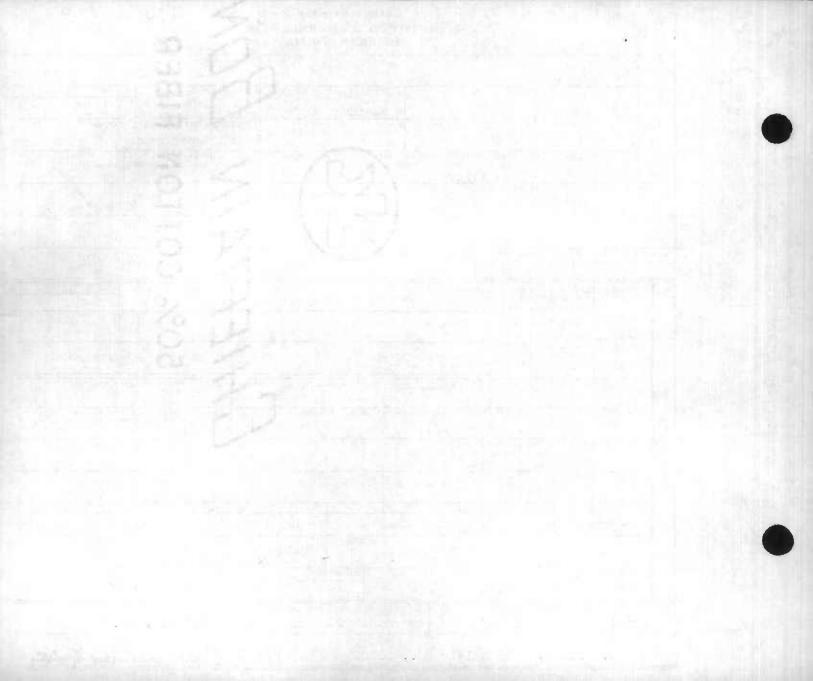
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	FOR STATE REGISTRAR		DEPARTM		IEALTH AND MENTAL HYG	IENE REG. N	10			
	ECEASED NAME FIRST	WIDDI	E		(AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR .
{14t	PE OR PRINT) Baby	G: 1 G					1-25-	85	2:35	am.
3.51		Girl Co	ordner	5. DATE O	OF RIRTH	6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER	
	Female	White		MONTH			YRS	MONTHS DAYS	HOUR5	30
7a 8	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHA	T COUNTRY?	8	D NEVER MARRIED X	9 BALTIMORE CITY	-			
	MD	USA		WIDOWE		Baltimore	e cour	nty		MD
C	Towson	(IF NOT IN SUCH FAC		DDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST)		176 KIND O INDUSTRY	F BUSINE	SS OR
13a.	JAL RESIDENCE (IF NU STATE MD	INTY INSTITUTION GIVE	RESIDENCE BEFORE CITY OR TOWN	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO []	13e STREET ADDRESS 6906 - Goug	/ ZIP COI h St 2	DE 21224		
V.	ATHER'S NAME FIRST Lee	MDDLE Cordr	LAST Oer		Is mother's maiden NA/ Kathleen	ME A MIDDLE	McFa	ul Cordner		
	WAS DECEASED EVER IN U.S. A		SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDR	ESS		-	
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION		A CONSEQUE	NCE OF	NOT RELATED TO THE TERM IN WAS PERFORMED	20a AUTOPSY?	20b. IF Y	ES, WERE FINDIN	IGS USEI	TH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI			Y YEAR	21c. HOW INJURY OCCURR	YES NO X		YES	NO [
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF IN		RM ETC]	2N. LOCATION STREET	CITY OR TO	OWN	COUNTY	5	TATE
	220. I certify that X (this has sow the deceased alive a abave, Y (we) (ard) (Ard) 22b. SIGNATURE	pital) aftended the declar $1-25$ pot view the bady after	ceased fram		nd that in (1 📉) (aur) opinion o	to 1-25 death accurred on the d MEDICAL STA DIRECTOR PHYSI				
	728. PHYSICIAN'S NAME (TYPE Fermin Barrue		7 0		22e ADDRESS	Road Towson		1204		
	BURIAL, CREMATION, REMOVA	1/26/85			EMETERY OR CREMATORY s of Faith	23d LOCATION CHYORTOWN Baltim	ore,	Md.	5	TATE
	UNERAL DIRECTOR John C. Miller,	, 6415 Bela	ir Rd.	, 212		B 2 2 1985	25h. REGIS	STRAR'S SIGNAT	Panda	2

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR should be detached for us with the State Dept. of He MPORTANT IF hy



STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2b. HOUR DECEASED NAME COSTELLO LITYPE OR PRINTS A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 4. RACE 19, 1898 White July Male BALTIMORE CITY OR COUNTY OF DEATH 7h CITIZEN OF WHAT COUNTRY? To BIRTHPLACE ISLATE OF FOREIGN MARRIED NEVER MARRIED Pennsylvania U.S.A. WIDOWER CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 10WSON, HD Retired- Sales Rep- White Co. Stella Maris Hospice OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 545 Montgomery Ave. /17201 13d. INSIDE CITY LIMITS? Pennsylvania Franklin Chambersburg YES X 15 MOTHER'S MAIDEN NAME FATHER'S NAME Weber Costello Hugh Anna ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) YES NO OR UNKNOWN) Mrs Margaret Wall, Jarrettsville, Md. 21084 175-03-4826 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY. INFARCTION HYDEARDIAL IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF FAILURE & NAC Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITE 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOD 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 718 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY

211 LOCATION

CITY OR TOWN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

COUNTY

STATE

22a.1 certify that (I) (this haspital) attended the deceased from

DEGREE

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22d PH- NAME (TYPE OR PR.

22b. SIGNATURE

230 BURIAL, CREMATION, REMOVAL

NOT WHILE

AT HOME STREET, FACTORY, OFFICE

22e ADDRESS

Burial 24 FUNERAL DIRECTOR

23b. DATE 2-5-85 23c. NAME OF CEMETERY OR CREMATORY

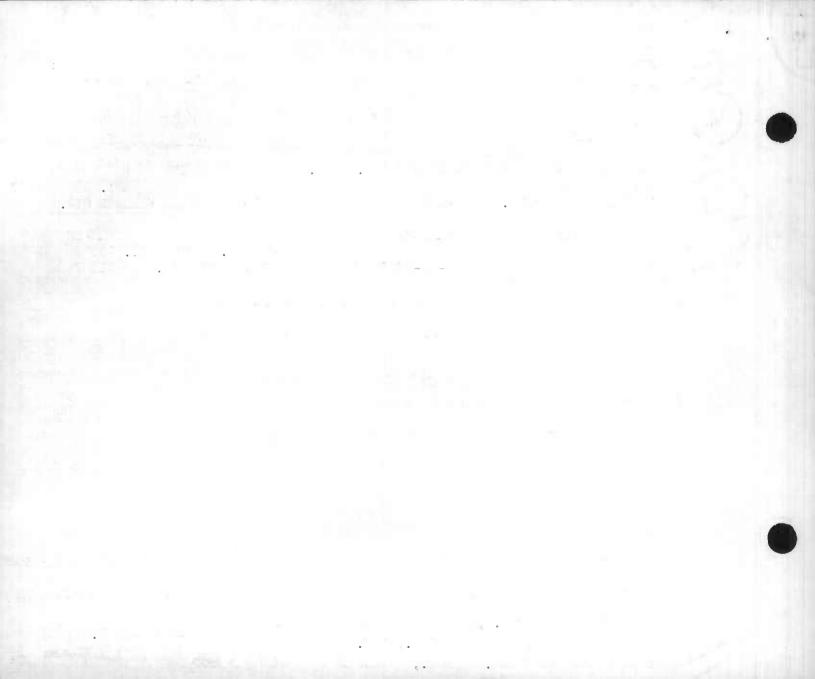
Corpus Christi Cemetery Chambersbure 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1050 York Rd.

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

DHMH - 16 50M 4/83 (VRA 15, 4)

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	of Ad a september of the EAL De		

16	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARY	MENT AL HY		0 3 EG. NO.	3	Ö
		CEASED NAME	FIRSJ	MIDDLE		(-	20. DATE OF DEA	ATH MONTH	DAY YEAR	2b. HOUR
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me)	3 SE		4 RACE			5. DATE C	FBIRTH	YEAR	6. AGE (IN YEARS	AST BIRTHDAY)	MONTHS LIAYS	
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8 48		RTHPLACE (STATE ORFO	PREIGN 76. CITIZEN	OF WHA	T COUNTRY?	B. MARRIE	□ NEVER	MARRIED -	9. BALTIMORE C	ITY OR COUNT	Y OF DEATH	
1000	_	aryland	U.S.	A.		WIDOWE	D X	ONORCED [Baltimo	re County		MD.
《 作用 配》	10 C	ITY OR TOWN OF DEA			ITAL, NURSIN		R OTHER IN	STITUTION	12a USUAL OCC	UPATION MOST OF WORKING L		OF BUSINESS OR
マンシ		Randallstown	Balt	imore	County	General	Hospit	al	Home Mak	er		
tilled in	130.	AL RESIDENCE (IF NURSI STATE Saryland	NG HOME OR OTHER INSTITU 13b. COUNTY Baltimore	13c.	CITY OR TOW Pikesvi	N	13d. INSIDE	CITY LIMITS?	13e.STREET ADD	RESS / ZIP COD	E	21208
120/190		ATHER'S NAME FIRST HEORGE Hibbitt	MIDDLE		LAST			r's MAIDEN NA FIRST Zabeth (1		OOLE	ŧ	AST
pi di		WAS DECEASED EVER I	N U.S. ARMED FORCE		SOCIAL SECU	RITY NO.	17 INFIORM	A Joseph	J. Coughlin	ADDRESS		21228
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been signed by the ottending the properties of the please remove corting to buriol, cremation, or only injury, ar other traumatis.	CERTIFICATION	Canditions, if ony, gove rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT	which ediote the distribution of the distribut	D, OR AS	A CONSEQUE	ATIC ENCE OF DEATH BUT	NOT RELATE	ED TO THE TERM	AINAL DISEASE OF	CONDITION GI	S, WERE FIND	DINGS USED
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E E E		218. ACCIDENT WAS UNDI OR CONTRIBUTING C.	AUSE OF DEATH HOUR	R A.M.		AY YEAR	ZIc. HOW	INJURY OCCUR	RED (ENTER NATURE	81 MƏTI MI YRULMI ƏC	PART I OR PART 2)	
After this certile os the buriol- olth and Mento marked or Item	MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ED 21e. PL/	ACE OF IN	JURY ACTORY, OFFICE, F		211 LOCAT	TION	CIT	Y OR TOWN	COUNTY	STATE
TOR for us of He 21 is		saw the decease abave, (N. (we) (d		6	19_8		d that in (m)	(aur) apinion	death occurred on	the date and ha	ur and from th	that (N (we) last ne causes stated
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REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

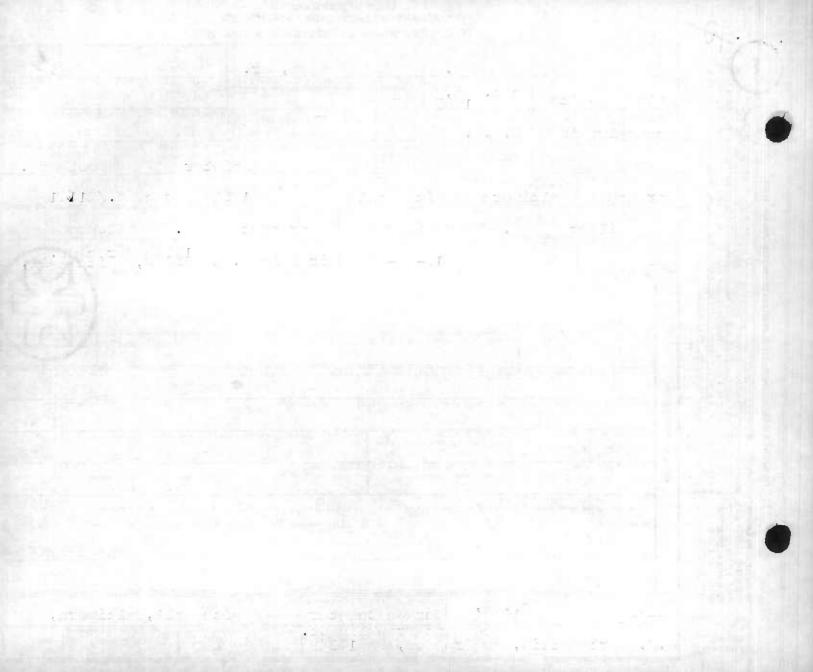
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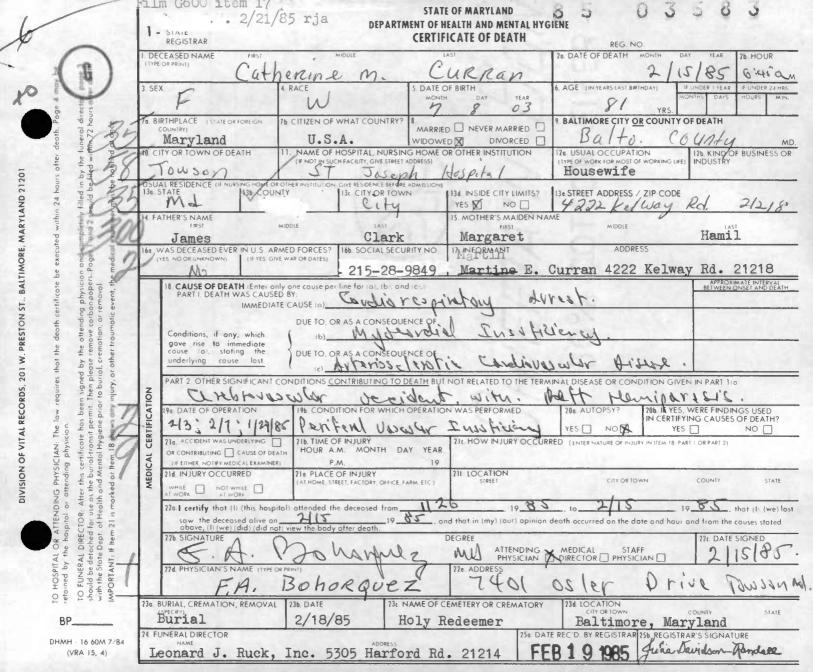
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN XX MONTH 2h HOUR (TYPE OR PRINT) DEATH MATED John W. Cummings, Sr. 1985 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 3 SEX 2c. DATE 2d HOUR Sept. 0425, YEAR 1937 LAST BIRTHDAYL 8;30 M PRONOUNCED DEAD White 1985 Male TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED FOREIGN COUNTRY! Baltimore County, U.S.A. Pennsylvania WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY FOR MOST OF WORKING LIFE) York & Dairy Roads Painter Parkton Tool Mfa. BE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore NO 19320 Burke Rd. /21161 Maryland White Hall 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wilmer S. Cumminas Blouse Margaret 60 WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO 17 INFORMANT DIVISION LYES NO OR UNKNOWNI I (IF YES, GIVE WAR OR DATES) 215-34-7265 Virginia M. Cumhings. No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY Blunt TRauma to Chest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL. YESXX 210 EXTERNAL CAUSE WAS 116. TIME OF INJURY APPLOX. HOUR XX MONTH DAY YEAR DEPARTMEN 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 UNDERLYING A OR 1985 driver of pick-up truck impacted auto and a CONTRIBUTING CAUSE OF DEATH 7: 45P.M. 21e PLACE OF INJURY (AT HOME, 21E LOCATION fixed object TO MEDICAL EXAMNER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOUD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) WHILE AT WORK York & Dairy Rds., Parkton, Balto. Co., MD. road Autopsy X 220 I certify that I took charge of the remain described above, held an Inspection and in my apinian death resulted from Accident XX Hamicide Undetermined manner Suicide TITLE (SPECIFY) ACTUAL DATE Assistant MEDICAL EXAMINER 2-3-85 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 TYPE OR PRINT ADDRES 230 BURIAL, CREMATION, REMOVAL Febre 1985 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) White Hall, Baltimore, Vernon Cemetery Burial 07/84 25M Second at Franklin St. 250. DATE REC'D. BY REGISTRAR [251 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** J.J. Hartenstein, New Freedom, PA 17349 (VR A15 ME (5))





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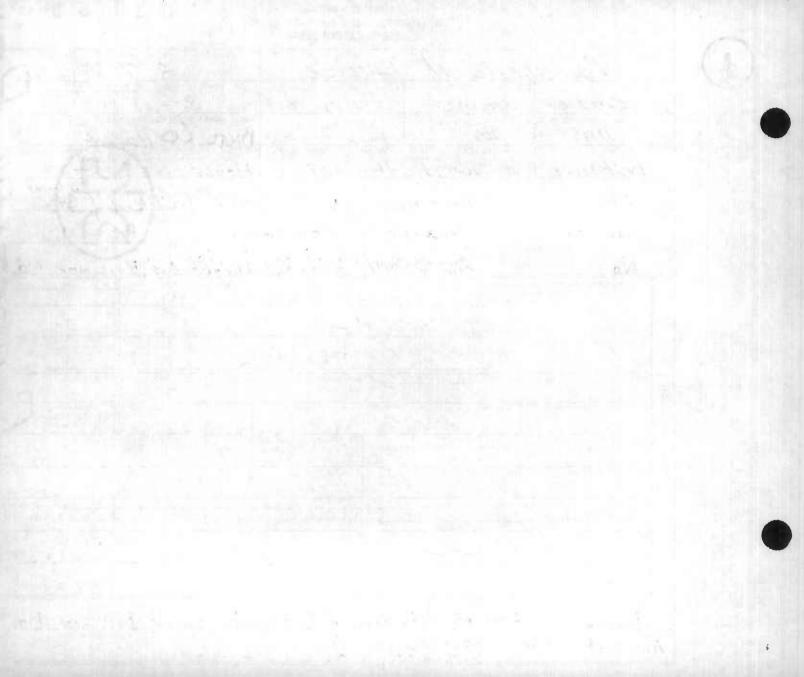
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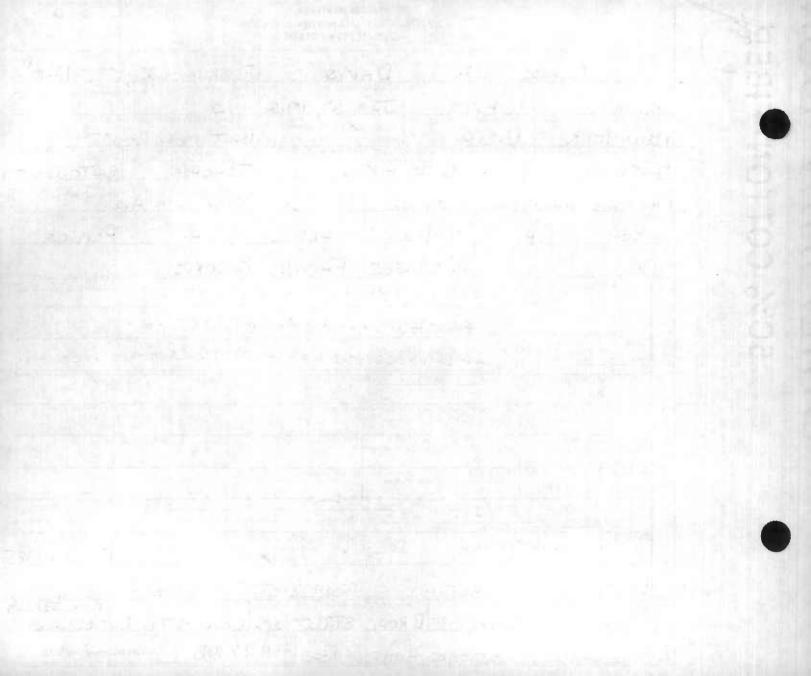
4	1 -	STATE REGISTRAR		W/F.H. 2/22/85 kam STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE LAST LAST Last DATE OF DEATH MONTH							DAY YEAR 2b. HOUR		
n 1=		EASED NAME OR PRINT)	FIRST				451						
0 1					eline DA	DDS		February			4:44 am		
	3. SEX			White S. DATE O			1 1907 YEAR	6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 1 YEAR IF UNDER 24 HRS			
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n and co	14	NO OR UNKNOWN)	†IF YES, GIVE	WAR OR DATES)			Charles W. Da	adds, Husband		Same			
physician npapers. P maval.		18 CAUSE OF DEATH PART I. DEATH W	1 (Enter only	one couse per	line for (a), (b), on		1 weal	on ac		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH		
quires that the deat signed by the atter hen please remave or to burial, cremation, jury, ar ather froum	NC	gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P.											
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uG PHYSICIA attending pl ter this certif is the burial: to and Mental rked ar Item	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	RED	21e. PLACE			211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE		
TTENDIN pital ar TOR: Af far use a of Health		20.1 certify that (I) (this haspital) attended the deceased from 19. and that in (my) (our) assigned the deceased alive on 19. and that in (my) (our) assigned the deceased alive on 19. and that in (my) (our) assigned the deceased of the causes stated											
TAL OR ATT		obove, (I) (we fidid) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 220. DATE SIGNED 270. DATE SIGNED											
TO HOSPITAL retained by the TO FUNERAL is should be deto with the State IMPORTANT; if		Leopolo		ıss, M.[0.0		405 Stemmers	Run Road,B	altimo	re, MD	21221		
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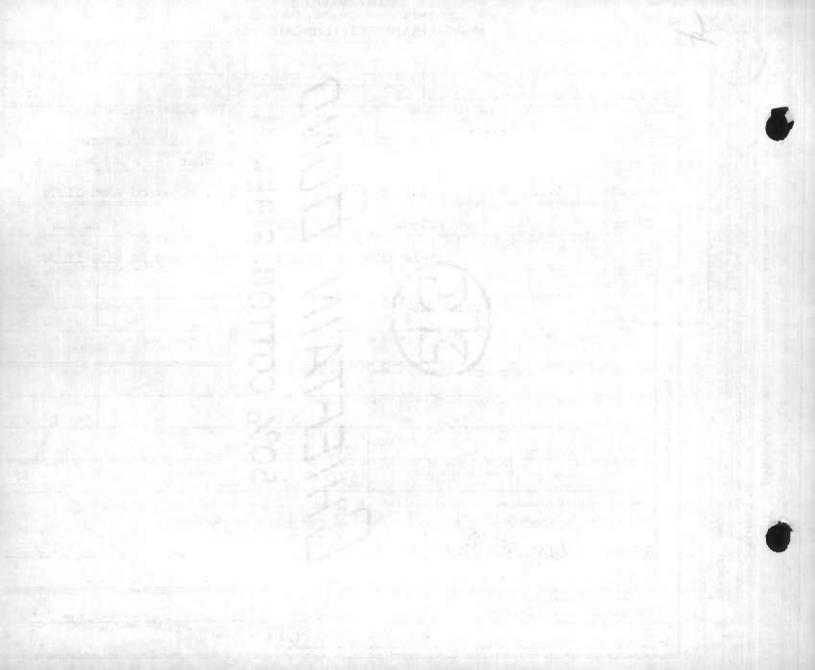
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OR ATTEND he hospital of DRECTOR: oched for use Dept. of Hea		saw the deceased alive an									
o HOSPITAL etoined by ti TO FUNERAL should be det with the Stote		PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS									
BP		SURIAL, CREMATION, REMOVAL SPECIES	2-11-85 Ga	ame of cemetery or crematory	23d LOCATION BATTIMO LITE REC'D. BY REGISTRAR 25b						
DHMH - 16 60M 7/B4	1 A	NAMES MITTLE	PULS 302/ADDES	stem Ave. 1000	TE REC D. DI REGISTRAR 250.	. REGISTRAK-S SIGNATURE					



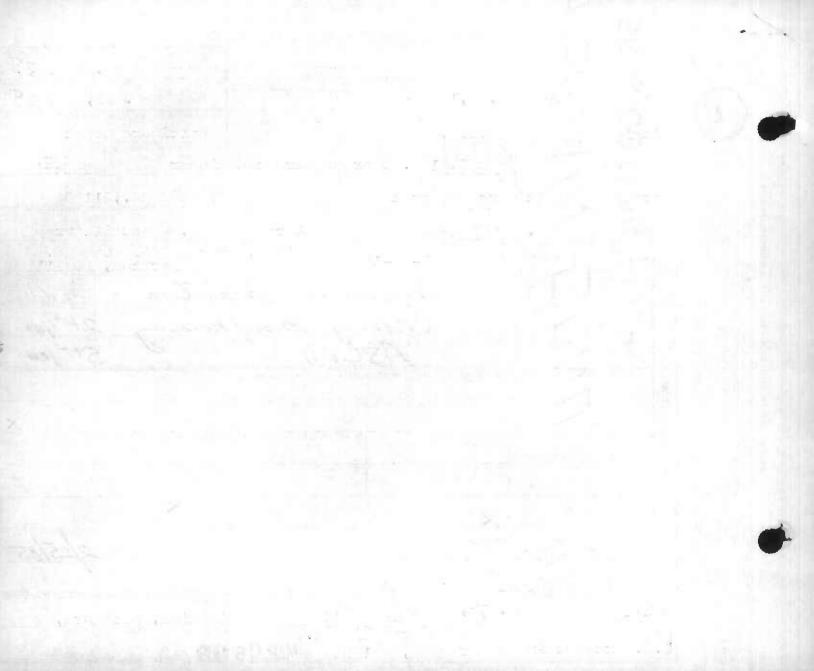


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN W MONTH DAY 2h HOUR LIVE OR PRINTI ESTI-DEATH MATED 12 1985 Jeanne Wright Davis 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 7d HOUR JE UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED 1:30P White Nov. 22, 1922 Female 62 DEAD 12 1985 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEDXX NEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED [Baltimore County, ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY FOR MOST OF WORKING (IFE)
Homemaker Baltimore Own Home 2, AND 3 TO 1 1865 Edgewood Road USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 136 INSIDE (ITY LIMITS? 136 STREET ADDRESS 1865 Edgewood Road 21234 Maryland Baltimore Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wright Edward Jeanne Hughes 166 SOCIAL SECURITY NO 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? T. PAGES (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) NO 215-14-8574 Ernest T. Davis, Same AS #13e 21234 APPROXIMATE INTERVAL RD "FENDING" IN PENCIL IN ITEM 18.
HIEF MEDICAL EXAMINER ALONG WI
USED AS A BURIAL "TRANSIT PERMIT.
OF HEALTH AND MENTAL HYGIENE, DI
RIAL, CREMATION, OR REMOVAL. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Head injury DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) A PEC THE WEST AND THE CHIEF ME A 25 SHOULD BE USED A A CE 3 SHOULD BE USED A A CE DEPARTMENT OF HEA 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 719 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY UNDERLYING CAUSE OF DEATH Subject fell down steps 2 12 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, FTC.1 WHILE Baltimore, MD. WHILE NOT WHILE AT WORK 1865 Edgewood Rd, street PAGE SHOULD BE FORW TO FUNEAL DIRECTOR IS AFTER DEATH WITH THE ST BATTIMOSE MAPICAND 220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian Accident X Notural causes Hamicide death resulted fram: Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 2/13/85 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. Balto., MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Baltimore Maryland 186 Cremation 2-15-85 Westview Crematory 07/84 25M 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc. Towson, Md. 21204 **DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



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1		REGISTRAR		N	EDICAL	EXAMIN	ER'S C	ERTIFIC	CATE OF	DEATH	REG.	NO.			
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E SHOULD BE EX VORD "PENDIN E CHIEF MEDIC E USED AS A E NI OF HEALTH A BURIAL, CREM	CERTIFICATION	19a. DATE OF	OPERATION	19b. CON	IDITION FOR	WHICH OPER	ATION W	AS PERFOR/	MED?		Clarkews		20. AUTOPS		
CERTIFICATE SHITTING THE WOOD DED TO THE CE SHOULD BE E SHOULD BE E SEAROULD BE E SEPARTMENT OF PRICE TO BE		UNDERLYING	AL CAUSE WAS OR NG CAUSE OF D	HOUR A	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HC	W INJURY	OCCURRED (ENTER NATURE C	F INJURY IN ITEM	18 PART 1 OR PA			
WAN WATER	MEDICAL	21d. INJURY C	NOT WHILE AT WORK		E OF INJURY FACTORY, FARM, E			REET		CITY O	RTOWN	col	UNTY	STATE	
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTHEICATE, PAGE 4 SHOULD BE FORV AFTER-DRATH, WITH THE ST BALTIMORE, MARYLAND, 3		220 I certi death result ACTUAL SIGNATURE EXAMINER'S TYPE OF PRI	Me	e af the remains al causes	Accident		Autops cide	Hamici		, Inqu	manner _	and in my ap , DATE SIGNE	2/25	185	
Bb———			TION, REMOVAL Z	Feb. 2	7. Du	lame of cea laney moria	Val	CREMATO	RY I	rid LOCATIO City or town Timo	nium,	Balti	more,	STATE MD	
DHMH - 17 (VR A15 ME (5)) 15M 2/80		J.Har	tenstei:	Secon n New]	nd at	Frank	lin	St. 2	MAR O	6 198	TRAR 256 RE	GISTRAR'S S	IGNATURE Pandall	9 9	



DHMH - 16 50M 4/83 (VRA 15, 4)

FOR

- STATE

REGISTRAR

176. KIND OF BUSINESS OR INDUSTRUNIVERSITY Hospital 13e.STREET ADDRESS / ZIP CODE 522 N. Mt. Holly St. Baltimore, Maryland 21229 Wright 5088 Clifton Avenue Baltimore, Maryland 21207 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 221 DATE SIGNED Maryland 2501 Gwynns Falls Parkway BY REGISTRAR 256, REGISTRAR'S SIGNATURE 2 Nurteten R&1 Cons Funeral Home Inc. Baltimore, Maryland 21216

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

HOURS

IF UNDER 24 HRS

IF UNDER I YEAR

First War Mark Lines & Jr. 'Stanes, marriages 21220 THE THE PARTY OF T Literature of the second of th And a tell of the second second

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

+ STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR TYPE OR PRINTS E. En 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHOAY) MONTH June 10, 1903 81 BIRTHPLACE (STATE OF FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH RTHI-COUNTRY) Md. 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X IISA 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS TYPE OF WORK FOR MOST OF WORKING LIFE! Librarian City 3 COUNTY Baltimore 425 Croydon Road 13d INSIDE CITY LIMITS? Md. -21212YES XX NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harry C. Day Helen E. Robinson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO (YES NO OR UNKNOWN) Mr. William A. Day 425 Crovdon Road No 214-40-57934 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES T 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220 I certify that & (this haspital) attended the deceased from saw the deceased alive an abave, Yi (we) (did) (did) now , and that in (m) (aur) apinian death accurred an the date and have and from the causes stated 226 SIGNATURE DEGREE ATTENDING PHYSICIAN PIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Burial COUNTY 2/16/85 Loudon Park Cem. Baltimore, Md. 24. FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

ö

orked

APORTANT:

MITCHELL-WIEDEFELD HOME. INC. 6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Time Davidson Pondelle

i trariem Sity altingre 4.5 rom or - 21212 7 E ---- r. illis . 5% / 5 mo ----The state of the s ril 21 5 • \circ 1 ar a aiti \circ re, \circ 1.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - STATE REGISTRAR		DEPARTA		IEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	ю.		
I. DECEASED NAME FIRST		MIDDLE		IAST	20. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
Henr	y H. DEI	BAUFRE			February 14			12:00a M
Male Male	4. RACE Whi:	te	S. DATE C	DF BIRTH . 14 1912 AR	6. AGE (IN YEARS LAST BIR		F UNDER 1 YEAR	HOURS MIN.
Baltimore Md.	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWI	NEVER MARRIED DIVORCED	Baltimore city of Baltimore	County	,	MD
Rossville 21237	Frankl	in Sq. Ho	spita	OR OTHER INSTITUTION	124. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Shop For	ION DE WORKING LIFE) EMAN	Manu	ment lfact Co
USUAL RESIDENCE OF NURSING HOME OF 13b COU		13c. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO XX	13e.STREET ADDRESS 1700 Midd	/ ZIP CODE		
Andrew D	Baufre	LAST		Stella	J. Goetz		LA	12.
160 WAS DECEASED EVER IN U.S. AL		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		14-7-17
(YES, NOOR UNKNOWN) (IF YES, G	VE WAR OR DATES)	218 09 3	3502	Elsie N. DeBa	aufre, Wife	8	Same	XIMATE INTERVAL
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE SEPS 1S R AS A CONSEQUE DITRIBUTING TO E	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OR CON			
190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES ☐ NO[¥	20b. IF YES, IN CERTIFY YES		INGS USED S OF DEATH? NO
OR COLUMN DISTRICT CANDER OF DE	ATH HOUR A.	OF INJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	RT I OR PART 2)	
(IF ETHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211. LOCATION STREET	CITY OR TO)wn	COUNTY	STATE
22a 1 certify that (f) (this hosp aw the deceased alive or above, (f) (we) (did) (did of				nd that in (my) (our) apinion of DEGREE ATTENDING	deoth occurred on the d	late and hour	and from the	, that M (we) last e causes stated E SIGNED
22d. PHYSICIAN'S NAME (LIVE	^. 100L	vicai	///		DIRECTOR PHYSIC		1714	1/85
Wendy K. Ba				9000 Frankl		21237		
230. BURIAL, CREMATION, REMOVA	236. DATE 2/16/	85 G	arden	s of Faith Cen				
Prozdzinski Funer	I Home	PA 1407 (old Ea	astern Ave	E REC'D. BY REGISTRAR	1 0	AR'S SIGNA	A

DHMH - 16 50M 4/83 (VRA 15, 4)

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				area.		
				atem?		

I. DE	CEASED NAME FIRST		MIDDLE	ı	AST	2a DATE OF D	REG. NO.	DAY Y	EAR 2b	HOU
(TYP	E OR PRINT) Do nn	а	Lee	DeMa	anss		Feb.	10	85	
3. SE		4 RACE	100	5. DATE C	OF BIRTH	6. AGE (IN YEAR		IF UNDER	YEAR IF	UNDER
	Female	Cauc	asin	MONTH 2	5 1952	128	33 v	MONTHS RS	DAYS	OURS
	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D X NEVER MARRIED		CITY OR COU	NTY OF DEA		
1	Maryland	U.S.	Α.	WIDOWE		Balt	imore	Count	У	
	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	17g USUAL OC	CUPATION OR MOST OF WORKE		IND OF B	BUSINE
C	atonsville	6305	Freder	ick	Road	Socia	l Work	er Sp	ring	HC g C
	AL RESIDENCE (IF NUR NUR STATE		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP C	ODE		
	aryland		Balto.	300	YES X NO		Harman	Aven	ue :	212
" F	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN N		WIDDIE		LAST	
1	Donald	н.	Crab		Lea		ADDRESS O	Bu		
		GIVE WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	T) = 1/1 = 20		013 н		
N	0		212-60-	9/12	Stephen G.	Deman	iss Dal			
	PART I. DEATH WAS CAUS		Carch	oma	of the	Breas	X	A	PPROXIMA WEEN ONS	SET AND
		DUE TO, C	OR AS A CONSEQUE	CMC ENCE OF	of the	Breas	X .	A	gril	I C
NOL	Conditions, if ony, which gove rise to immediate couse 101, stating the	SED BY: ATE CAUSE (o) DUE TO, C (b) DUE TO, C	CALCE AS A CONSEQUE	ENCE OF		minal disease (or condition	A	gril	1
TIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost.	DUE TO, C DUE TO, C DUE TO, C C DUE TO, C C C C C C C C C C C C C	OR AS A CONSEQUE	ENCE OF		MINAL DISEASE (OR CONDITION	A	ART 110	S USEI
ICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIFFERENCE CONTRIBUTING CAUSE OF DIFFERENCE CONTRIBUTIONS CONTRIBUTIO	DUE TO, C DUE TO, C C L DUE TO, C C DUE TO, C DUE	OR AS A CONSEQUE ONTRIBUTING TO D	ENCE OF DEATH BUT OPERATIO	NOT RELATED TO THE TER. N WAS PERFORMED 21c. HOW INJURY OCCUI	MINAL DISEASE (200 AUTOP YES 1	OR CONDITION SY2 706. 1 IN CE	I GIVEN IN PA	ART 110	S USEI
MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 19b COND 19b COND 19b COND 19b COND 21b TIME (HOUR A	OR AS A CONSEQUE ON TRIBUTING TO D ONTRIBUTING TO D ONTRIBUTION FOR WHICH OF INJURY OM. MONTH DA	ENCE OF ENCE OF OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUI 21f LOCATION STREET	ZOO AUTOP YES 1	OR CONDITION SY2 706. 1 IN CE	I GIVEN IN PA	ART 1(a	S USEF DEAT
	Conditions, if ony, which gove rise to immediate couse [01], stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN	DUE TO, C (b) DUE TO, C (c) T CONDITIONS C 196 COND 196 COND 216. TIME (LEATH HOUR A SER) Pitol) ottended t	ONTRIBUTING TO E ONTRIBUTING TO E	ENCE OF ENCE OF DEATH BUT OPERATIO AY YEAR 19 ARM. ETC.)	NOT RELATED TO THE TER. N WAS PERFORMED 216. HOW INJURY OCCUI	ZOO AUTOP YES 1 RRED (ENTER NATU	OR CONDITION SY? 20b. 1 IN CE NO RE OF INJURY IN STEAN CITY OR TOWN	FYES, WERE FERTIFYING CA YES A 18 PART LORPA COUN	ART 1(a FINDING: AUSES OF	SUSE SUSE SUSE SUSE SUSE SUSE SUSE SUSE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, After

MacNabb Funeral Home Catonsville Md.

236. DATE

23a BURIAL, CREMATION, REMOVAL

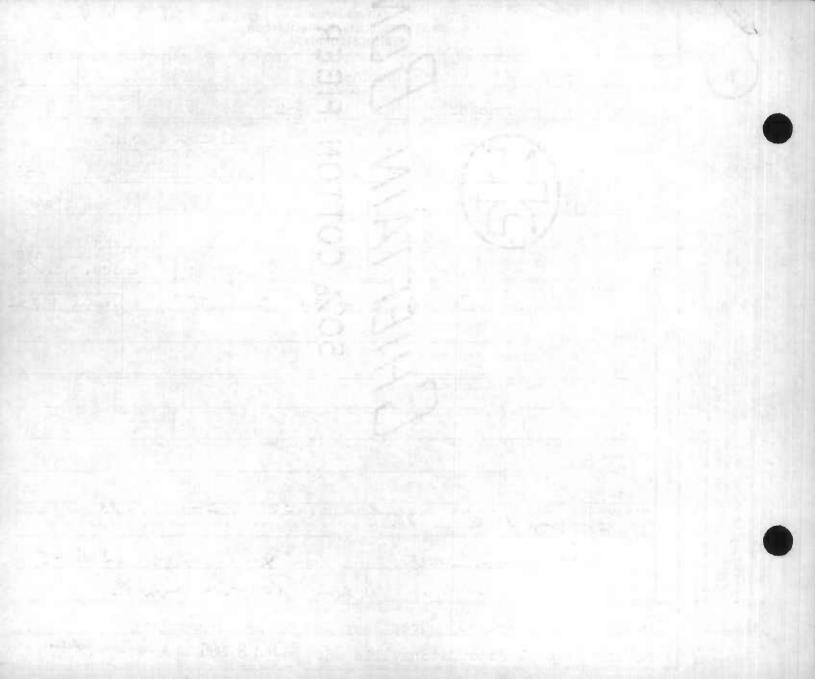
600 23c NAME OF CEMETERY OR CREMATORY Crestlawn Mem

23d LÖCATIÓN
CITY OR TOWN
S Sykesville

Md. FEB 1 3 1985 256, REGISTRAR'S SICHPATURERA

Burial
24 FUNERAL DIRECTOR

2-14-85



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DEPARTN	CERTIFICATE OF DEATH	REG. NO.				
	Diguardo	20. DATE OF DEATH MONTH	DAY	YEAR	26 HOU	IR
	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER	LYEAR	# UNDER	24 HR
	MONTH DAY YEAR	79 YRS	MONTHS.	DATS	HOURS	M IN
T COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		

BIRTHPLACE (STATE OF FOR ICH 76 CITIZEN OF WHA

0 2 n

4 RACE

MARRIED WEVER MARRIED U.S.A. WIDOWED X

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Joseph

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife

Maryland

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and of

Baltimore

NO 15 MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 3001 Shannon Drive 21213

Henry

Ernest WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

Bottomer 166 SOCIAL SECURITY NO 215-01-0505

Mary 17 INFORMANT

ADDRESS

Michael DiGuardo Generla Del. Port Republic

Conditions, if ony, which gave rise to immediate cause (o), stoting the

underlying cause last

- STATE REGISTRAR DECEASED NAME

Maryland

FATHER'S NAME

No

CITY OR TOWN OF DEATH

1. 5EX

SHOCK

EMBOCI

19a DATE OF OPERATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED 20e AUTOPSY?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

attended the deceased from

IN CERTIFYING CAUSES OF DEATH? TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

21d. INJURY OCCURRED NOT WHILE 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

CITY OR TOWN

NO

COUNTY

72h SIGNATURE

and that in (my) (aur) apinian death accurred an the date and hour and from the couses stated DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN 27c DATESIGNED

STATE

22d PHYSICIAN'S NAME (TYPE OR PRINT)

22s.1 certify that (i) (this beregto

22e ADDRESS

211 LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL Burial

231 NAME OF CEMETERY OR CREMATORY Feb. 19, 1985 Moreland Mem. Park

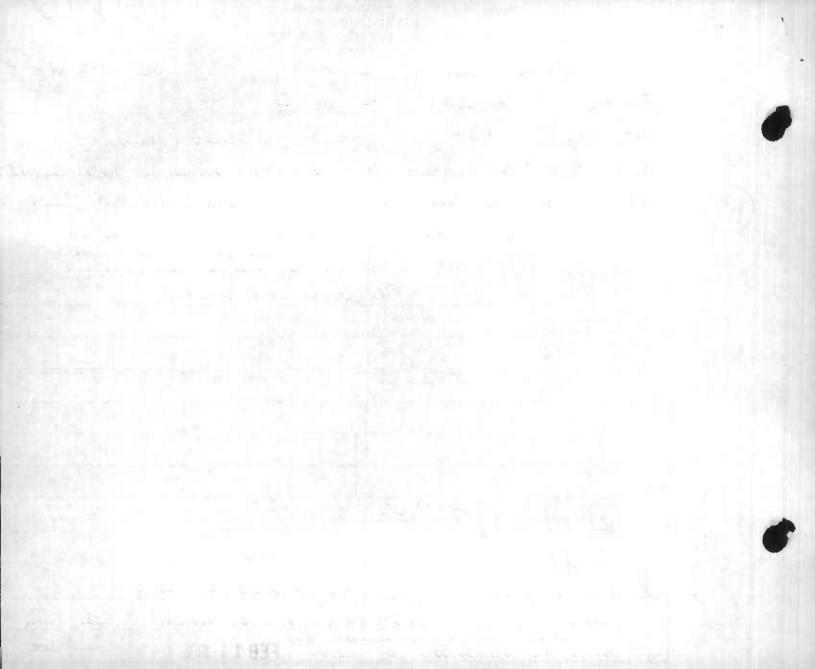
CITY OR TOWN Baltimore COUNTY

24 FUNERAL DIRECTOR Leonard J. Ruck. Inc. Baltimore. Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE whia Davidson-Randall

allesson! ALLE evied necessar 1907 970 31 of the of from . for a factor of the contract Zen. 19, 1985 Joneland Jen. Ports . BR Loonard d. met, Inc. unitimore, dt.

1 /2	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		03596	
		ECEASED NAME FIRST	WIDDLE	LAST	REG. NO	MONTH DAY YEAR 26 HOUR	\
poge 3	TTY	Myrt	le Ellen	Dillinger		02-06-85 820	A
may.	3 5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	MONTHS DAYS HOURS	4 HRS
recto	2	Female	Caucasian	08 23 85	99	YRS	MIN
erol di 72 ho	11.	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	U.S.A.	Y? 8 MARRIED NEVER MARRIED WIDOWED MODIFIED DIVORCED	Baltimore Baltimore		440
d thur de		CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATE	ON 12h KIND OF BUSINES	SS OR
5 1 11 9		andallstown	Mendian Nur	sing Center Randallsto			lote
Can I	USI 13a.	JAL RESIDENCE (IF NURSING HOME O STATE 136 COUL	ROTHER INSTITUTION, GIVE RESIDENCE BERNY 130 CITY OR TO VILLA	ore adalssion) own 138 inside city limits? Tova yes no #	130 STREET ADDRESS	0	
	30 14.8	ATHER'S NAME FIRST Thomas	MIDDLE BALL	15 MOTHER'S MAIDEN N.		Ime l	
BALTIMORE MARYI		WAS DECEASED EVER IN U.S. AF		curty no. 17 INFORMANT Balt 5-5288 Mrs. Lula Di		SS MD 21207 26 Sussex Rd.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The low requires that the death certifications physicion. When this certificate has been signed by the attending place this certificate has been signed by the ottending place in the ord Americal Program. Then places remove carbons the and Americal Hygiene prior to burial, cremation, or removed or them 18 shows any injury, or other traumatic eve	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSECTION OF TO OR AS A CONSECTION OF TO OR AS A CONSECTION OF THE CONDITIONS CONTRIBUTING TO	DUENCE OF	MINAL DISEASE OR CONI	DITION GIVEN IN PART 110)	
AL RECOR	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY? YES □ NOTO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	H?
N OF VITAL SICIAN: The ag physicio certificate h riol-fransh periol Hygiei frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 19	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	1
IVISION JG PHYS ottendin fer this of sthe bur not the bur hond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 21f LOCATION STREET	CITY OR TOW	N COUNTY STA	TE .
TTENDIN pital or TTOR Ai for use a of Healt		saw the deceased of e on	ital) attended the deceased from	0	, to and the do	te and hour and from the causes stat	
AL OR A the hos AL DiREC etoched te Dept.		27h SIGNAJURE	~	DEGREE ATTENDING PHYSICIAN A	MEDICAL STAF	FIAN $2-6-85$	
O HOSPITAL etoined by th TO FUNERAL should be deti		22d. PHYSICIAN'S	OK PRINCE)	22e ADDRESS			
TO HOSP retoined I TO FUNE should be with the Simportal	22	Howard J. Ga		5310 Old Cor	urt Rd. 2.	1133	
BP	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY dian Creek Bapt Chi	CITY OR TOWN	n Fayette Penn	
DHMH - 16 60M 1/75	24 8			Directors, Inc 250. DA		156. REGISTRAR'S SIGNATURE	
(VR A 15 (4))		728 Liberty Rd.			B 1 1 1985	retia Daydoon-Randass	2



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

DITZEL

5. DATE OF BIRTH

LTH AND MENTAL HYG ATE OF DEATH	REG. NO.			
EL	20. DATE OF DEATH MON		85	12:32P
BIRTH	6. AGE (IN YEARS LAST BIRTHDA	Y) IF UN	DER I YEAR	IF UNDER 24 HRS
23, 1907 YEAR	77	YRS.	DAYS	HOURS MIN.
NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF E	EATH	
DIVORCED [BALTIMORE	COUN	ITY,	MD.
OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO			F BUSINESS OR
ES STREET	Home Maker	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Home
d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZII 1707 W. Joj	p CODE	ad 2	21139
MOTHER'S MAIDEN NA	ME MIDDLE		LAS	T.
Amanda	Jane	1	Mille	
INFORMANT	ADDRESS	T. Hair	300	
John Ditzel	Same as #13	3.		Jan Zu
1	1 -		BETWEEN	MATE INTERVAL DNSET AND DEATH
HRRY	Thore	100		
0		1997		
NT DELATED TO THE TEDANS	IINAL DISEASE OR CONDITI	ON GIVEN II	A PART 11	
ie Pu	1 []	11 3.		1
VAS PERFORMED	200 AUXOPSY? 20	b. IF YES, WE	RE FINDIN	
	YES TO NOW	CERTIFYING YES	CAUSES	OF DEATH?
It. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN		OR PART 2)	
IL LOCATION		5111		
STREET	CITY OR TOWN		OUNTY	STATE
e 19 8	3 10 2/17	. 10	85	that (1) (we) lost
	death accurred on the date of	and hour and		
GREE			22c DATE	SIGNED
	MEDICAL STAFF DIRECTOR PHYSICIAN			lick
PHYSICIAN TO ADDRESS	DIRECTOR PHYSICIAN	10	1	14/1
	1 0 7	[ows•n	Mar	vland
Osler Medica		LOWS-II	, rat	yranu
ETERY OR CREMATORY	CITY OR TOWN	col	INTY	STATE
saprist Ch.	Cem. Baltimo	ore Co	inty,	Maryla
Koad Da. DAI	E REC'D. BY REGISTRAR 256.	I A. K	SIGNAL	UKC
3 2120/ LE	11 7 () MODE! /	Mila Das	sella a	12 1 00

MARGARET

136 COUNTY

Baltimore

MIDDLE

IMMEDIATE CAUSE

DECEASED NAME 4. RACE Female. O. BIRTHPLACE ESTATE OR FOREIGN Maryland

FOR

- STATE

REGISTRAR

10 CITY OR TOWN OF DEATH

Skelton

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

TOWSON

Maryland

CERTIFICATION

4 FATHER'S NAME

White 76 CITIZEN OF WHAT COUNTRY?

U.S.A.

В.

MARRIED NEVER MARRIED

WIDOWED

15 MOTHER'S MAIDEN

17 INFORMANT

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

YES []

July 23, 1907

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13c. CITY OR TOWN Riderwood

Price

166 SOCIAL SECURITY NO

214-74-1627 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)

underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

Conditions, if ony, which gove rise to immediate couse (a), stating the

196 CONDITION FOR WHICH OPERATION WAS PERFORME 190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER)

P.M 21d INJURY OCCURRED NOT WHILE

obove, (1) (whereard) (did not) view the body after death

21ª PLACE OF INJURY AT HOME, STREET, EACTORY, OFFICE, FARM ETC.)

22s I certify that (1) (this hospital) attended the deceased from

and that in (my) (et

211 LOCATION

Osler Medi 23c. NAME OF CEMETERY OR CREMATO

Saters Baptist Ch

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

23e. BURIAL CREMATION, REMOVAL

sow the deceased alive on_

224 PHYSICIAN'S NAME (TYPE OF PRINT)

George La Rocca . MD.

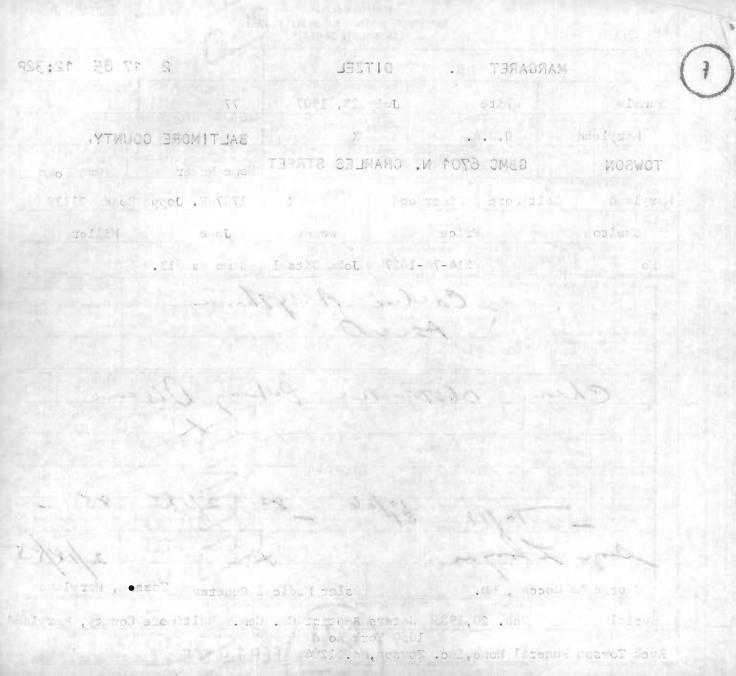
226. SIGNATURE

Buria1

1050 York Road

Feb. 20,1985

Ruck Towson Funeral Home, Inc. Towson, Md. 21204



FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR	CCIN	IIIICAIC OI DEAIII	REG. NO.	
1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ALLAN	D,	DOCK	02 (07 '85 11:15AM
3 SEX 4 RAC	E 5. DA		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
M.	W	ONTH 9/6/97 YEAR	87 YRS	MONTHS DAYS HOURS MIN.
70 SIRTHPLACE (STATE OR FOREIGN 76 CIT	IZEN OF WHAT COUNTRY? 8	RIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
PA.	USA WIDO	OWED DIVORCED	BALTIMORE COU	
TOWSON 'Ğ		MEDICAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY BIRCRAFT
USUAL RESIDENCE (IF NURSING HOME OR OTHER IN 130. STATE A D. 136 COUNTY BALT	NSTITUTION GIVE RESIDENCE BEFORE ADMISSA 13c CITY OR TOWN ESSEX	134 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP COD 356 POPLA	PR RD.
H FATHER'S NAME FIRST MIDDLE MILLIAM B.	DOCK	15. MOTHER'S MAIDEN NAN	BALSLE!	LAST
160 WAS DECEASED EVER IN U.S. ARMED FO		O. 17 INFORMANT	ADDRESS	
UNK (FES. GIVE WARD	705 10 619	13 LAURA I	TILES 9104)	VONNE AVE
18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY	cause per line far (a), (b), and (c), SE (a) RESPIRATORY F	AILURE	ALT RES	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The second secon				
Conditions, if any, which	UE TO, OR AS A CONSEQUENCE O PNEUMONIA	it.		
gave rise to immediate	(0)			
underlying cause lost	UE TO, OR AS A CONSEQUENCE O	it.		
PART 2 OTHER SIGNIFICANT CONDIT	107	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITION GI	VEN IN PART I (a
Z O				
4 198 DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
NO I 190 DATE OF OPERATION 19 1/21/85 CO 210 ACCIDENT WAS UNDERLYING 221	CARCINOMA OF RECT	UM		IFYING CAUSES OF DEATH?
210 ACCIDENT WAS UNDERLYING 21	TIME OF INJURY	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART ?)
OR CONTRIBUTING CAUSE OF DEATH		19		
21d INJURY OCCURRED 21	e PLACE OF INJURY	21 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	THOME STREET, FACTORY, OFFICE, FARM, ETC) SIREE!	CITYORIOWIN	SIAIL
220 I certify that (I) (this hospital) off	Charles accessed from	16 , 19 85		19.85, that (I) (we) last
sow the deceased alive on abave, (1) (we) (did) (did not) view	2/7 19 85	, and that in (my) (our) opinion d	leath occurred on the date and ha	ur and from the causes stated
22b SIGNATULE	me body differ deam.	DEGREE		22¢ DATE SIGNED
- stuth		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
224 PHYSICIAN'S NAME (TYPE OF PRINT)		22e ADDRESS	January Marie Mari	
S.P. GIRDHAR, M	1.D.	GBMC - 6701	N. CHARLES STRE	ET 21204
230. BURIAL, CREMATION, REMOVAL 236. (SPECIFY) BURIAL		F CEMETERY OR CREMATORY	BALTO	M STATE
24 FUNERAL DIRECTOR	400000	25q. DATE	REC'D BY REGISTRAR 256 REGIS	TRANSSIGNATURALES
J.B. CONNELLY	SONS	16	1 9 1909	

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT: If hem 21 is

HALLE WAS A STATE OF THE STATE

AURA GILES 910.

ATTENDING PHYSICIAN: The low requires that the death certificate be aspital or ottending physician.

etoined by the hospitol TO HOSPITAL OR

BP.

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

5		STATE REGISTRAR				CERTIF	ICATE OF DEAT	н	REG. I	NO.			
		CEASED NAME OR PRINT)	RED	^	J.	10	ORFUS	\$ 1	DATE OF DEATH	MONTH /5.	85	R 2b	HOUR-
1	3. SE	MALI	£ '	WH.	ITE	5. DATE C		895	AGE (IN YEARS LAST 8	SIRTHDAY) YRS			INDER 24 I
29		New york	FOREIGN 71	U.S.	WHAT COUNTRY	Y? 8. MARRIE WIDOWE	D NEVER MARRI	IED -	BALTHMORE CITY			Co	UN
Polyton (10 C1	TOWS	S/V	NAME OF H	HOSPITAL, NURS	ING HOME	HOSP:		20 USUAL OCCUPA LIVPE OF WORK FOR MOST Piano Tun		pa indus	ID OF BU	ISINESS
3	130 S Ma	AL RESIDENCE (IF NOF TATE Aryland	136 COUNT Bal		GIVE RESIDENCE BEFO 136 CITY OR TO		13d. INSIDE CITY LIA		8905 Apt	ZIP CO B Wal	DE tham W	oods	21:
30		THER'S NAME FIRST Freder	rick	DDLE	Dorfus		15 MOTHER'S MAIL Mary	DEN NAME	Eli	zabet	h	Keoh	
medico	160 %	Pes OR UNKNOWN)		ED FORCES? WAR OR DATES)	214-03-		Ellen Do	rfuss	8905 Apt		a l tham	212 Woo	
umatic event,	100	PART I. DEATH \	IMMEDIATE	CAUSE (o)	Cav R AS A CONSER	d TON	espira	ton	Tail	ne			
any injury, ar ather traumatic event,	CATION	Conditions, if on gove rise to im couse (o), stati underlying cous	IMMEDIATE which mediate ng the lost.	DUE TO, OF (b) DUE TO, OF (c) ONDITIONS CO	R AS A CONSEQ R AS A CONSEO DITRIBUTING TO	DUENCE OF	NOT RELATED TO THE		AL DISEASE OR CO	206 IF Y	res, were fir	NDINGS	USED
hows any injury, ar ather traumatic event,	RTIFICATION	Conditions, if ony gove rise to im couse (o), stati underlying cous	IMMEDIATE which mediate ng the lost.	DUE TO, OF (b) DUE TO, OF (c) ONDITIONS CO	R AS A CONSEQ R AS A CONSEO DITRIBUTING TO	DUENCE OF				20b IF Y		NDINGS ISES OF I	USED DEATH?
Item 18 shows any injury, ar ather fraumatic event,	ICAL CERTIFICATION	Conditions, if on, gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEE	IMMEDIATE which mediate ng the lost. NIFICANT CC TION DERLYING CAUSE OF DEATH ICAL EXAMINER)	DUE TO, OF (b) DUE TO, OF (c) NOTITIONS CO 196, CONDITIONS	R AS A CONSEQ R AS A CONSEQ DATRIBUTING TO TION FOR WHICE FINJURY M. MONTH	UENCE OF O DEATH BUT	N WAS PERFORMED)	28a AUTOPSY?	20b IF Y	YES, WERE FIN TIFYING CAU YES []	NDINGS ISES OF I	DEATH
orked or Item 18 shows any injury, ar ather traumatic event,	MEDICAL CERTIFICATION	Conditions, if on gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUR	IMMEDIATE which mediate ng the lost. NIFICANT CC TION DERLYING CAUSE OF DEATH ICAL EXAMINER)	DUE TO, OF (b) DUE TO, OF (c) DIDITIONS CO 19b CONDIT	R AS A CONSEQ PAS A CONSEQ DITRIBUTING TO TION FOR WHICE FINJURY M. MONTH M.	DUENCE OF DEATH BUT TH OPERATIO DAY YEAR 19	N WAS PERFORMED)	20a AUTOPSY? YES □ NO 🖼	20b IF Y IN CER	YES, WERE FIN TIFYING CAU YES []	NDINGS ISES OF I N	DEATH
tem 21 is marked ar Item 18 shows any injury, ar ather traumatic event,		Conditions, if on gove rise to im couse (o), stati underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUR	IMMEDIATE which mediate mg the elost. NIFICANT CO TION CAUSE OF DEATH ICAL EXAMINER) RED (this hospito)	DUE TO, OF (b) DUE TO, OF (c) 19h, CONDITIONS CO 19h, TIME OI HOUR A.P. 21e PLACE (AT HOME SIR)	R AS A CONSEQUENCE OF INJURY M. MONTH M. DEF INJURY EET FACTORY, OFFICE degeosed from	DUENCE OF DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM, ETC.)	21c HOW INJURY (OCCURRED	200 AUTOPSY? YES NO WATOPS OF INJURE OF INJUR	20b IF Y IN CER	VES, WERE FITTIFYING CALLYES (COUNTY) COUNTY 19	NDINGS SES OF I N	STAT
IMPORTANT: If them 21 is marked or them 18 shows any injury, or ather traumatic event,	MEDICAL	Conditions, if ony gove rise to im couse io), statis underlying cous PART 2 OTHER SIG 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEE 21d INJURY OCCUP WHILE NOTIFY MEE 21d INJURY OCCUP WHILE NOTIFY MEE 21d INJURY OCCUP 22d INJURY OCCUP 23d INJURY OCCUP WHILE NOTIFY MEE 21d INJURY OCCUP 31 WORK NOTIFY MEE 32d I CERTIFY that II Sow the degree obove. Injury injur	IMMEDIATE which mediate ng the lost. NIFICANT CO TION DERLYING CAUSE OF DEATH ICAL EXAMINER) IRED IRED OLD CAUSE OF DEATH ICAL EXAMINER OLD CAUSE OF DEATH ICAL EXAMINER	DUE TO, OF (b) DUE TO, OF (c) NDITIONS CO 19b, CONDI 21b, TIME OI HOUR A./ P./ 21e, PLACE ((AT HOME SIR!	R AS A CONSEQUENCE OF INJURY M. MONTH M. DEF INJURY EET FACTORY, OFFICE degeosed from	DUENCE OF DEATH BUT TH OPERATIO DAY YEAR 19 E. FARM, ETC.)	21c HOW INJURY (21f LOCATION STREET 19 and that in my our) our) or	OCCURRED Opinion dec	20a AUTOPSY? YES NO	20b IF Y IN CER	VES, WERE FITTIFYING CALLYES (COUNTY) COUNTY 19	NDINGS SES OF I N	STAT

DHMH - 16 60M 7/84 (VRA 15, 4)

Mitchell-Wiedefeld

6500 York Rd. 21212FEB 1 9

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DEPARTMENT OF HEALTH AND MENTAL HYGIENI

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST LAST 20 DATE OF DEATH 2b. HOUR (TYPE OR PRINT) 185 02 26 SHELIA 7:45A DORSEY 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH FEMALE BLACK 29 - 5034 O. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY BALTIMORE COUNTY MARYLAND WIDOWED [DIVORCED 1 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY TOWSON GREATER BALTIMORE MEDICAL CENTERPERSONAL SUPERVISOR USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13g. STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE CATONSVILLE MARYLAND NOX 101 ROBERT AVENUE 21228 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST LAST CHARLES GERTRUDE JACKSON RHODES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS NO GERTRUDE JACKSON 101 ROBERT AVENUE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOPULMONARY ARREST 25 MINUTES IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CHRONIC RENAL FAILURE Canditians, if any, which 4 YEARS gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOK YES NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOI WHILE AT WORK 1727 2/26 85 85 220.1 certify that (1) (this haspital) attended the deceased from 2/26 85 saw the deceased alive an and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (f) (we) (did) (did nat) view the bady after death 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS HAL C. CLARK, M.D. GBMC - 6701 N. CHARLES ST. 21204 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) CITY OF TOWN STATE MD BURIAL CEDAR HILL GLEN BURNIE 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAS ADDRESS

DHMH - 16 60M 7/B4 (VRA 15. 4)

PHILLIPS FUNERAL HOME

1721 N. MONROE ST MAR



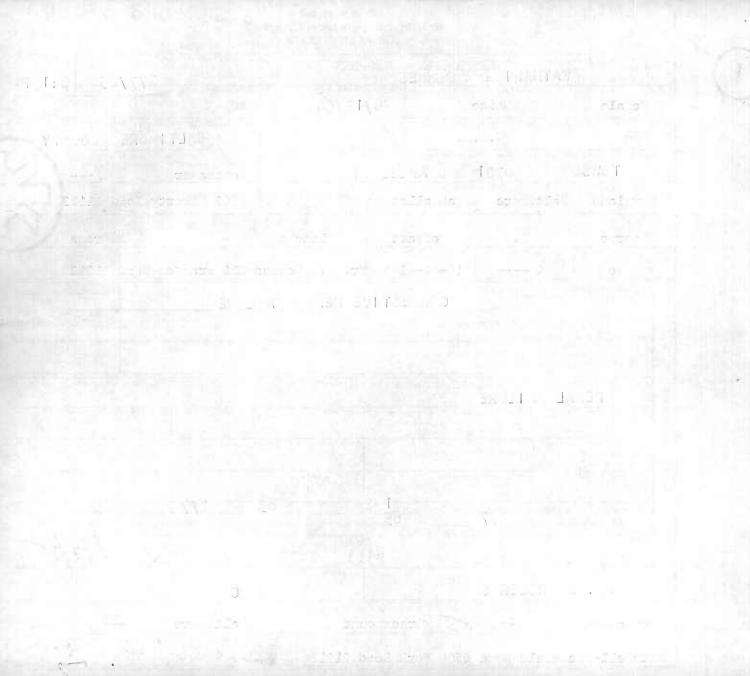
FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

	REGISTRAR				CERTIF	ICATE OF DEAT	ın	REG. N	Ю.		
	ECEASED NAME MAI	KATH		řhárine M DOW		WNES		20 DATE OF DEATH	2 / 7	Y YEAR	26 HOUR
3. SE	X		4 RACE		S. DATE C			6 AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
	Female		White	9	67	713/04	YEAR	80	YRS.	INTHS DAYS	HOURS MIN.
	Onio	OREIGN	76 CITIZEN OF		TRY? 8 MARRIE	D NEVER MARK	HED 🗆	9 BALTIMORE CITY	OR COUNTY O		
	Unio		U.S.	Α.	WIDOWE	NX DIVOR	CED [RAL	TIMORE	E COL	JNTY MD
7 10.0	TOWSO			H FACILITY, GIVE S	TREET ADDRESS)	OR OTHER INSTITUT S T	ION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Homemake)	OF WORKING LIFE)	126 KIND OF	F BUSINESS OR
130	JAL RESIDENCE (IF NURSI STATE Maryland	Balt	other institution improved in the contract of			13d. INSIDE CITY L	WITS?	130 SISEFT ADDRESS	irty Ro	ad 211	33
, 14 F	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MA	IDEN NAM	NE MIDDLE		LAST	
1	George		S.		fatt	Blanc	he	MIDDLE		Andrew	
	WAS DECEASED EVER		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT		ADDR	ESS		
	No			216-46	6-6244	Mr. D.D.D	ownes	s 231 Brand	ion Roa	d 2121	2
	18 CAUSE OF DEATH	LiEnter or	aly one couse per	line for in) th	and ici i					APPROXIM	MATE INTERVAL
CERTIFICATION		IFICANT O	(c)CONDITIONS CO		TO DEATH BUT	NOT RELATED TO 1		NAL DISEASE OR CON	20b. IF YES, V	WERE FINDIN	GS USED
TIE!								YES NO	YES	□	NO [
MEDICAL CER	210. ACCIDENT WAS UNDO OR CONTRIBUTING CC (IF EITHER NOTIFY MEDIC 218 INJURY OCCURR WHILE NOT WHILE	AUSE OF DE	P./	M. MONTH	DAY YEAR 19	211 LOCATION STREET	OCCURRE	ED (ENTER NATURE OF INJU	1000	COUNTY	STATE
	AT WORK AT WOR	к 🗀			1/5	26	85	217		0,	
	22a. I certify that (1) saw the decease		111	e deceased fro	Q.L.	-) , 19		, 10	, 19		hat (1) (we) last
	abave, (I) (we) (d	id) (did no	t view the bady	alter death			apinion a	eath accurred on the d	ate and havi a	-	
	TO S	Ca	lot		M	DEGREE ATTEN	DING	MEDICAL STA		22c DATES	7/85
1	274 PHYSICIAN SNA	ME (TYPE C	OR PRINT)			22e ADDRESS					1
	DR.	R	OBERTS				G	BMC			
23o.	BURIAL, CREMATION, F	REMOVAL	23b DATE		23c NAME OF C	EMETERY OR CREM		23d LOCATION			
	Cremation		2-11-	85	Greenmo	unt		Baltimore		COUNTY	Md.
24 F	UNERAL DIRECTOR						250 DATE	REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATE	JRE P. DO
M	litchell-Wie	edefe	1d Home	6500 Y	ork Roa	d 21212	S. E.	8 1 9 1985		24 देखा [*] -1	Snotella

DHMH - 16 60M 7/B (VRA 15, 4)

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Authorized St. Co.

by the funeral director.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG. NO	D.		
1		CEASED NAME	FIRST		MIDDLE	l.	AST	2	DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
1	(1.77	OK / KINGI J	LES	TER	W.	EAR	P	13.1	February	27	. 1985	8.00 M
	3 SEX		9-0-6	4 RACE		5. DATE C			AGE (IN YEARS LAST BIRT	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	p.	Male	-	Whi	ite	Dec.	. 12, 189	99	85	YRS	MUNIAS DATS	HOURS MIN.
-		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF		TRY2 8	NEVER MARR	9	BALTIMORE CITY O		Y OF DEATH	
1		MD	900	(JSA	WIDOWE		CED []	Baltimo	re C	County	MD.
7	10 CI	TY OR TOWN OF DEA	ATH			IRSING HOME C	OR OTHER INSTITUT		O USUAL OCCUPATION	ON	12b. KIND O	F BUSINESS OR
1		Towson			A. Cha		allev Ct.		TYPE OF WORK FOR MOST OF			U.S.
í	ÜSÜA	AL RESIDENCE (IF NURS		OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)	-				A 17/13/15	Gov't.
200	130. 5	MD	136 COUN	lto.	13c. CITY OR		13d INSIDE CITY LI		8406 A. C			
gr.	14. FA	THER'S NAME		100.	1 1000	3011	15. MOTHER'S MA			nai i		21204
		FIRST	ahan	P. Ear	LASI		Jear	oott	MIDDLE	10	LAS	1
-	14n \A	VAS DECEASED EVER				SECURITY NO.	17 INFORMANT	iell.	ADDRE		Vatts	
	[1	NO OR UNKNOWN)		E WAR OR DATES)		3 9965		o Otron	\// Eann		Canaa	
					-		IVINS. L	ester	W. Earp	9	Same	As A TE MITERIAL
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	11			E CAUSE (a)	mi	p Gu	rous	4)/	Con for			
				DUE TO, O	R AS ALCOH	TOUTH OF		-	,			
	94	Conditions, if any	, which	(b)_	1	011/0	C/-	1				
		gove rise to improve couse (o), stoting	ng the	DUETO	AS MEONS	EDUENCE OF	4	110	/	, -		
		underlying couse	lost	1 406	111	suga	1 /-	wet	my	all	1	
	,	PART 2 OTHER SIGN	HEREALD	CHOITIGHT CO	SNIRBUTENC	TO DEATH BUT	NOT RELATED TO	HE TERMIN	AL DISEASE ONON	DITION G	IVEN IN FART III	à -
	2		SW	40	rece	ulia		and	4			
1	2	146 DATE OF OPERA	BOX	1% COND	TION FOR W	HICH OPERATIO	N WAS PERFORME	D	20s AUTOPSY?		ES, WERE FINDIN	
4	CERTIFI			-	196.8		25.10		YES NOT		ES []	NO []
Ä		ON CONTRIBUTING .	The second second	AND THE PERSON NAMED IN		DAY YEAR	ZIL HOW INJURY	OCCURRED	2. Egydda rosdydd o'r roua	PER INSTITUTE OF THE	PART LORPART 2)	
	CAL	CIF STONES, NOTIFY MADE		101		19		_				
I	MEDICAL	THE INJURY OCCUR	CONTRACT OF THE PARTY OF THE PA	Ile PLACE	OF INJURY	TOLINA DE	211 LOCATION	130 m	_GEN-0820	NEW	COUNTY	STATE
	2	WHITE D HO! WE AND TA	eu D	1000000	DATESTIS	0 4		-	-		-	_
1		27s.1 certify that III				om ho	1 15	80	, to	127	. 19	that (I) (ye) last
		saw the decease above, (1) (w)	ed alive on	-10	ofter deaths	or or	nd that in (my) (gor)	opinion dec	ath occurred on the do	ote and ha	our and from the	couses stated
		771 SIGNATURE	1	1 1/1	1	7	PEGREE	1			22c. DA E	SIGNED
		(Amo	red 1	11/11/1	hat 3	e Al	ATTEN	NDING	MEDICAL STAF		2/3	18/86
		224 BHYSIC KINS N	AME THE	4 PERMIT	PVII	1 001	122e ADDRESS	144			10	4/4-
		Dr. Don	atd V	V. Mint	zer	MD	3009 E	vera	reen Ave.	. B	alto /	MD
	230 B	URIAL, CREMATION,					EMETERY OR CREM		23d. LOCATION	,	.,,,,,,	
	- (Burial		3/2/8			y Valley		Balto.	Col	unty.	MD
	_	INERAL DIRECTOR	Llevi				-		EC'D. BY REGISTRAR		9 /	
	-	905 York		y W. (Jenkin o., M	s & Sor D 212		E26	2.8 1985	1 2.	Sour down A	andelle
	-43	SOS TOPIK	Nual	Dall	الاد و ه ب		-1-	0	- 000		1,140001	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health

TO HOSPITAL OR ATTENDING

BP.

MPORTANT: If Hem 21 is morked or Item 18

l'il er mounty DANG A. SHEFTER VETER OF No. and a state of On. Denall W. Wintzer, ME 1000 Ever read Eve. 150., NO. Tartel Starks Doubley Velley Velley Tartel ACCE York Fool Balto., ACC 21212

1	1 -	FOR STATE REGISTRAR	DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	YGIENE REG. N	Ю.	30	0 /
		CEASED NAME FIRST	MIDDLE	t.	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
4 類	(TYPE	Frede	rick W. EBERLE			February 23	1985		4:00 a M
1 11	1. SE		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS
8 11		Male	Cauc.	12	/7/27 YEAR	57	YRS		
2 32 0	To BI	OUNTRYL -	76 CITIZEN OF WHAT COUNTRY?	8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	- 12 -
1 1322		Md.	USA	WIDOWE	DIX DIVORCED	Baltimore (MD.
1 11 11	An CI	TY OR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STREET		R OTHER INSTITUTION	12a USUAL OCCUPAT		12b. KIND C INDUSTRY	OF BUSINESS OR
12/	1	Balto. /	Franklin Squa	are H	osp.	Bank Gua	_		Res Ban
1 100	130. S	AL RESIDENCE (IF NUMBER PARED)	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	130.STREET ADDRESS	/ ZIP CODE		21206
1822		Md.	- Balto.		YES X NO	6510 Wal	ther	Ave. A	Apt.B8
1 12 000	14 FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN N	MIDDLE		tA:	ST
1 13 300		Howard Ebe				ed Walters			
de ord		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDR	ESS		
1 15 1/		Yes WW	II 217-22-	-7760	Deborah E	berle,6643	Wyc	ombe V	Vay 2123
1 200	10	DART I DEATH WAS CALIS	nly one couse per line for (o), (b), on	id Ici.I				BETWEEN	ONSET AND DEATH
1 000		IMMEDIA	TE CAUSE (6) Sepsis						
ives that the death gred by the attend in please remarks or busis's cremation, is ry, or other traums		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) Brainsten DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	n Infa ENCE OF		rminal disease or con	IDITION GIV	EN IN PART 1	0
7	CERTIFICATION	90. DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDI YING CAUSES	
A physical production of the physical production of the physical p	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR		JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 P	ART 1 OR PART 2)	
A state of the sta	WED	21d. INJURY OCCURRED NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
TENDIN phot or TOR At the site o	· K		ital) attended the deceased from 2-23	2 -1	, 17	to 2-23 on death occurred on the d	ate and hou		that X (we) lost
AL OR A the host AL DIREC Setsched Setsched Tr. If bem		226 SIGNATURE	fune Ik		DEGREE ATTENDING PHYSICIAN				3-85
TAN DE P		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS				
TO HOSPIT TO FUNE Provide be with the Str		Rachel Hamilt		T.	9000 Frank	clin Square [rive		21237
BP	230 E	URIAL, CREMATION, REMOVAL SPECIF Burial			emetery or cremator ian Natior	Y 23d. LOCATION		COUNTY	STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FL		Funeral Home, s Lane, Balto			R 26 1085	1 -	RAR'S SIGNA	

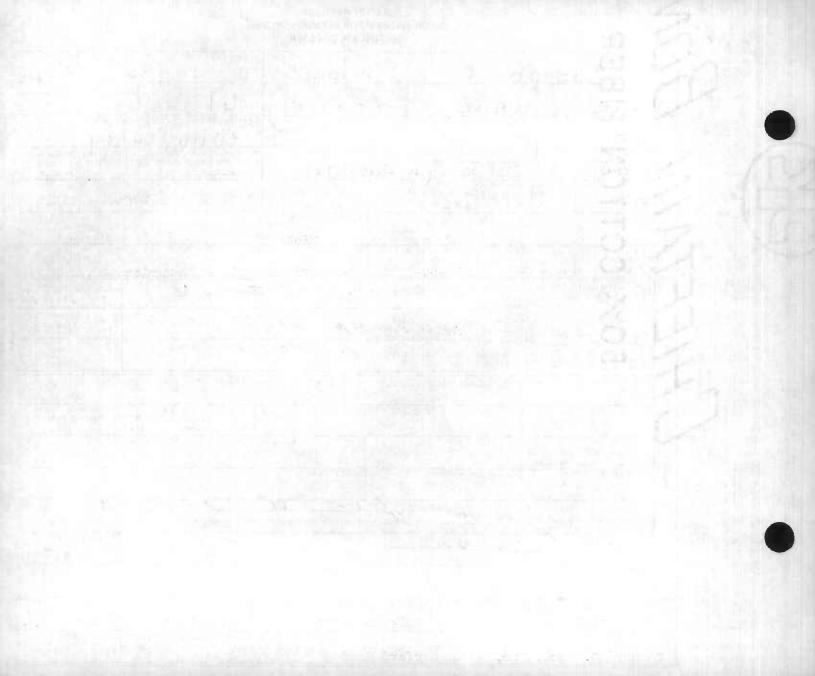
	1.	FOR STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG	IENE REG. N	10.		
		CEASED NAME FIRST	MIDDLE &	S. DATE C	WARDS DE BIRTH	20. DATE OF DEATH 2 - 2 (6 AGE (IN YEARS LAST BI		YEAR DER I YEAR	2b. HOUR 437 p.m IF UNDER 21 HRS
70	7	MAIR	White	~8	- 22- 19	61	YRS		HOURS MIN.
5	a B1	RTHPLACE (STATE OR FOREIGN TOUNTRY)	AMERIC CO	MARRIE		BALTIMORE CITY	County	YU.	MD
Ŷ	15	OP 140	1. NAME OF HOSPITAL, N	URSING HOME (STREET ADDRESS)	Sortal	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	NDUSTRY	Steel
5	13a S	AL RESIDENCE (IF NURSING TO OUT) AT ATE ATYLAND		NWOT	13d INSIDE CITY LIMITS?	136 STREET ADDRESS 1130 Gors			21218
1			DDIE LAS		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS1	et de la
1	I fur V	Gerson VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (IF YES, GIVE Y	ED FORCES? 16b SOCIAL WAR OR DATES!	SECURITY NO.	Viola 17 INFORMANT	ADDR	ESS	McKa	y
		18 CAUSE OF DEATH IEnter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse tol, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	one couse per line for (a), (BY: CAUSE (a) DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	MA PLO	FAILUR SUT COC UE	con	APPROXI BETWEEN C	21239 MATEINIERVAI NISEI AND DEATH WASEI AND DEATH WASEI
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	/HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE YES YES		
7	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospita	P.M. 21e. PLACE OF INJURY LAT HOME. STREET FACTORY, O	PFFICE FARM, ETC.)	211 LOCATION STREET	RED (ENTER NATURE OF INJ		COUNTY	STATE
		sow the deceased alive an above, (1) (we) (did (did not)) The SCALL BE 77d PHYSICIAN'S NAME (149E ORF	arun		DEGREE ATTENDING PHYSICIAN 720 ADDRESS	death accurred on the control of the	AFF	22c. DATE :	
		Burial Burial	236. DATE 2-23-85	Holy Re	edeemer	23d LOCATION CITY OR TOWN Baltim	ore C	ounty	Md.

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR 5305 Harford Road Leonard J. Ruck, Inc.



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marked or

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1 -	FOR STATE REGISTRAR			DEPARTI	MENT OF H	E OF MAR' EALTH AN ICATE O	D MENTAL HYG	IENE &	REG. NO	0	30	0	9
	CEASED NAME	FIRST	M	IDDLE	į,	AST		20. DATE OF	DEATH	MONTH DA	AY YE AR	2b. HOL	IR
	M	ary				mala		Februa) pM
3. SE)	7	1.1	RACE		S. DATE O	/ DAY	98 YEAR	6. AGE TINYE			FUNDER I YEAR	HOURS	MIN.
	RTHPLACE (STATE OR		US A	HAT COUNTRY?			R MARRIED	9 BALTIMOR		F	OF DEATH		
10. (1	TY OR TOWN OF DE		-	OSPITAL, NURSIN	WIDOWE	40	DIVORCED	Baltim			12b. KIND C	E DIICINI	MD.
R	OSSVILL			FACILITY, GIVE STREET			65F	TYPE OF WORK			INDUSTRY	- BUSING	:55 OK
	AL RESIDENCE (IF NUR	13b. COUNTY		ISC. CITY OR TOW	N	13d. INSID	E CITY LIMITS?	13e.STREET A	1	ZIP CODE		-12	27
14. F.A	THER'S NAME	1 011					R'S MAIDEN NA	WE	- 13	EVAL	The state of	FVE	-
J	OHN &	RANG		Kowsk	1	V	FRONIC	A	WIDDLE	UJA	wA	ST .	
	VAS DECEASED EVER	(IF YES, GIVE W.		214 50		17. INFOR		MMEK	ADDRES	ss N	807	n	ACE
	Conditions, if ony gove rise to im couse (a), stati underlying coust	mediate ng the e last	DUE TO, OR (b) DUE TO, OR		ence of olar (ence of Depend	Coma dent [Diabetes						
NO	Hyperten	ision, A	rterto	scleroti	c Car	diova	scularD	isease	OK COND	IIION GIVE	N IN PART 10	0	
CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDIT	ION FOR WHICH	OPERATION	N WAS PER	FORMED	200 AUTOF	NO NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEAT) H?
	210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED	CAUSE OF DEATH	216. TIME OF HOUR A.M P.M	MONTH D	AY YEAR	21c HOW	INJURY OCCURR	RED (ENTERNATI	URE OF INJUR	T IN ITEM 18 PAR	TT (OR PART 2)		
MEDICAL	21d. INJURY OCCUR	HILE	21e. PLACE O (AT HOME, STREE	F INJURY ET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCA	TION		CITY OR TOW	114	COUNTY	5	TATE
	220.1 certify that is sow the decease above, (i) (we) (Febru 85 . on		8_, 19 <u>85</u> ② (our) opinion o		on the dat		00	that (v	
	22b. SIGNATURES	2 km	ali (mi	DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI	ANY	2/19/		
	Keith E	nglish	M.D.			9000	Frankli				21237		

Keith English, M 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

MPORTANT

DHMH - 16 50M 4/83

(VRA 15, 4)

300

COUNTY STATE

ROSAR 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

position of the sale of ND GAGE LEVEN TO THE DESIGN AND THE PROPERTY PROPERTY OF THE PROPERTY OF THE PARTY OF THE THE ELEMENT AND THE SHIP SEL WITH POWER STATE HELP ROLDER CONTROL MAD V. C. CONTROLL STREET AND A VINCENT AND A VI

24	1 -	FOR STATE REGISTRAR
1		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE CERTIFICATE OF DE

LAST

5 DATE OF BIRTH MONTH

Ensor

ATH	REG. N	10.				
	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
	February	13, !	1985		5:30	AM
TO HIS A	6 AGE (IN YEARS LAST BE	IF UNDE	RIYEAR	IF UNDER 24 HRS		
VEAR 05	79	YRS	MONTHS	DAYS	HOURS	MIN.
	9. BALTIMORE CITY C	OR COUNT	Y OF DE	ATH		- 40

Krypa	ax Truman
SEX	4 RACE
Male	Caucasian
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU
Marvland	II.S.A.

USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

(IF YES, GIVE WAR OR DATES)

none

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

timore

Clarence

Tax man

MARRIED NEVER MARRIED WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

NO [

15 MOTHER'S MAIDEN NAME

Evelvn S.

Baltimore County 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY

sales manager

13e.STREET ADDRESS / ZIP CODE

2142 Suburban

motor truck 21093 Greens Dr.

APPROXIMATE INTERVAL

Maryland	Bal
4. FATHER'S NAME FIRST	IQ.

B CITY OR TOWN OF DEATH

(YES NO OR UNKNOWN)

No

Towson

DECEASED NAME

TYPE OR PRINTI

Clarence Ensor 16b. SOCIAL SECURITY NO

Timonium

UNTRY?

Greater Baltimore Medical Center

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Effie 17 INFORMANT

YES IX

Devilbiss Suburban Greens Dr. Timonium. MD Ensor

IMMEDIATE CAUSE (0) Bronchopneumonia Conditions, if ony, which gove rise to immediate cause (o), stoting the

underlying couse last.

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF Cerebral vascular accident

DUE TO, OR AS A CONSEQUENCE OF

(c) Hypertensive cardiovascular disease

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

Cirrhosis of liver, pancreatitis and duodenal ulcer 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 190 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

(AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

YES X

YES T

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from February 2

211 LOCATION 10 85

to February 85_ and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

COUNTY

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

sow the deceased plive on February 13 19 85 above, (1) (we) (did) (did gat) view the body after death

DEGREE

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN & 22c. DATE SIGNED 2/13/85

22e ADDRESS

6701 N. Charles St., Baltimore MD 21204

NO

CITY OR TOWN

John E. Adams, M.D. 23a BURIAL, CREMATION, REMOVAL 236. DATE

23c NAME OF CEMETERY OR CREMATORY

Pipe Creek Cemeter New Windsor Carroll

STATE

24 FUNERAL DIRECTOR

16/85

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

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the State [

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alores de la comita de alta de la comita del comita de la comita del la comita del la comita del la comita de la comita del la comita de la comita de la comita del la comita del la comita de la comita del la Parent and Sufficient of the center of the second of the banks and the second of the s Sold Parence Devil 1975 - Sold Devil 1975 - Sold Parence Devil 1975 at . minorit toans . . myleve lede-10-215 . . mon miniformed windows will be the company of the company of the comment of the comme

K	1 -	FOR STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. N	0 3	6	March Control
		CEASED NAME FIRST OR PRINT) MAR U	E.	ENSO		ÄST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	3. SEX	(4 RACE	, - , , - ,	5. DATE C		6. AGE IN YEARS LAST BI	RTHDAY) IF (INDER I YEAR	IF UNDER 24 HRS
Female			Whit	е	July		87	YRS.		MIN.
1		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	HAD IMORE CITY O	OR COUNTY OF	DEATH	/
2		aryland	U.S.		WIDOWE		PHL7/M	OKE (au	NTV MD.
3	7	TUSON	SHINT.	DSEPH	DDRESS)	SPITAL	USUAL OCCUPATE (1YPE OF WORK FOR MOST HOMEMAK	OF WORKING LIFE	INDUSTRY	Home
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	NTY	Baltimo	V	13d INSIDE CITY LIMITS? YES MO [13e STREET ADDRESS 2815 Ros		Ave.	21214
/	14 FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	ī
1		Eber	J.	Snyder		Jane	Elizabe			ener
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY N 1785, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)						17 INFORMANT			2121	
		NO IB CAUSE OF DEATH (Enter o	_ = ====			Mary E. Wi	Ison, 28	15 Rose		AVE.
		PART I. DE ATH WAS CAUSI	DUE TO, OR DUE TO, OR DUE TO, OR	ARDIO PULA AS A CONSEQUE HELIOS CLEA AS A CONSEQUE	NCE OF	Voscular Alean	Duese, i	erebro escular ace Le.T		
	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CO</u>	NTRIBUTIN OTO D	EAT BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COM	IDITION GIVEN	IN PART 10	24
2	CERTIFICATION	190. DATE OF OPERATION	1%. CONDIT	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			YES NO	20b. IF YES, VIN CERTIFYIN YES [IG CAUSES	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIH	MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF IN)	JRY IN ITEM IB PART	I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACÉ O (A1 HOME STREE	F INJURY et, factory, office, f	ARM, E1C.)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
		22e I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (did) (did n	2/6/	198.	5 . 01	nd that in (my) (our) opinion o	death occurred on the c	date and hour a		that (I) (we) last causes stated
		226. SIGNATURE Jose	de Le	or m.	_		MEDICAL STA		2/6/	SIGNED
		274 PHYSICIAN NAME (117PE				270 ADDRESS	a Wannit	- 1	, ,	

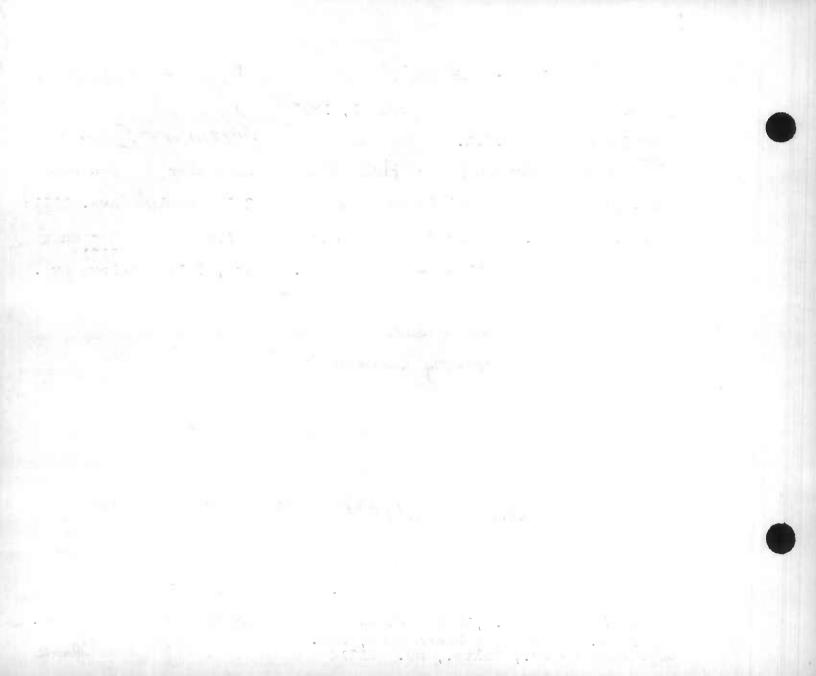
23. BURIAL, CREMATION, REMOVAL SPECIFY) Burial Burial Feb.9,1985 Parkwood ROBERTECOR ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214 DHMH - 16 50M 4/83 (VRA 15, 4)

236 DATE

23c. NAME OF CEMETERY OR CREMATORY

Baltimore

Md.



Injury, ar ather traumatic event, the medica

STATE OF MAI	RYLAND
DEPARTMENT OF HEALTH A	ND MENTAL HY

8	1 -	STATE REGISTRAR		CERTIF	ICATE OF DEATH	RIORNE	REG. NO	0.		
		CEASED NAME FIRST	MIDDLE		AST	2a. DATE	OF DEATH	MONTH D	AY YEAR	2b. HOUR
		POUTS		ER		Fa	eller	10,1	983	9:30 M
	3. SEX	Female	4. RACE White	Nov.	DAY VES		N YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
21	111111111111111111111111111111111111111	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	D NEVER MARRIED	9 BALTIM	ORE CITY O		OF DEATH	
2	Bo	altimore, Md.	U. S.	A. WIDOWE		B	altin	nore	Count	MD.
3	20 P. F.	andallstown	(IF NOT IN SUCH FACE	ITAL, NURSING HOME (LITY, GIVE STREET ADDRESS) OPE COUNT		(TYPE OF W	COCCUPATION FOR MOST OF LSewij	ON OF WORKING LIFE P	12b. KIND O INDUSTRY	F BUSINESS OR
5		AL RESIDENCE (IF NURSING FOME OF TATE 13) COUN	1TY 13c. (esidence before admission) CITY OR TOWN altimore	13d. INSIDE CITY LIMI YES 🛣 NO 🗌	210	T ADDRESS /	ZIP CODE	2122 ill Ro	
10	14 FA	Ernest	MIDDLE H	ube	15. MOTHER'S MAIDE Wilhel	mina	MIDDLE		Kelch	10055
2	16a y	VAS DECEASED EVER IN U.S. AR		3-74-0517	Mrs. Mai	rgaretG	977bore ische	ss 21-Se	lby b i	19975. lle,Del
	NO	18 CAUSE OF DEATH lEnter or PART I. DEATH WAS CAUSE IMMEDIA. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (D BY: (E CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF	NOT RELATED TO THE	TERMINAL DISE.	ASE OR CON	DITION GIVI		MATÉ MERVAI ONSET AND DEATH
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION	I FOR WHICH OPERATIO	N WAS PERFORMED	20a AL	TOPSY?	IN CERTIF	, WERE FINDII	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M.	URY MONTH DAY YEAR 19	21c. HOW INJURY O					
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	ACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
		22a I certify that (I) (this hasp saw the deceased give an above, (I) (we (did) (did no	Feli-1.	0. 19 X5 .0	nd that in (my) (aur) as	y, to pinian death accu	rred an the d	ate and haur		that (1) (we) last couses stated
		22b. SIGNATURE	Pom	- Objeten	DEGREE ATTENDI	ING MEDICA	AL STA	FF CIAN D	22c. DATE 2 - 1	SIGNED G- Y5
1		27d PHYSICIAN'S NAME (TYPE OF THE ASSEM		~ TABBE	22e. ADDRESS	To. Co			Horja	مت
- 11	1	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	2/11/85	Lorrai	ne Park	Cem. 23d LO	CATION CITY OR TOWN	ore,	Maryl	and
	24 FU 73	uneral director Sterl 6 Edmondson	ing Fune	ral Estat	O. P. A 25	a DATE REC'D. B	1 1985	256 REGISTI	RAR'S SIGNAT	- Mandell

DHMH - 16 50M 4/83 (VRA 15, 4)

1526-11.00. 1.1591 55 and the contract of the contra ces en la la companya pasca and grant Torre avita a managa Laure The state of the s Mary DEFERRATION CO. sprint 2/11/650 shows the Park Con. Bultweez, san Linna 73c Edward Toems Jacon Hiller & . 2. 2d

] 1	FOR STATE REGISTRAR X(213 01	3846	DEPARTA						
	DECEASED NAME	FIRST	,	NIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
l o	YPE OR PRINT)	EARL	CI	IARLES	ESPO	SITE	FEBRUARY 2	6, 1985		7:00 A
3. 3	SEX	1	. RACE	*	5. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	HOURS MIN.
L	MALE		WHITE		02	26 1919	66	YRS.		
7	BIRTHPLACE (STATE			WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY O		DEATH	
	ARYLAND		I.S.A.		WIDOWI					MD
4	ORT HOWARI	V	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	MARYLAND	Shipping			BUSINESS OR
U:	SUAL RESIDENCE (IF) O. STATE ARYLAND		THER INSTITUTION.		ADMISSION)	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		REET	224
14	FATHER'S NAME	~	EST	osite		15. MOTHER'S MAIDEN NA.	me unk		LAST	
160	WAS DECEASED EVER IN U.S. ARMED FORCES?			16b. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
Y	YES NO OR UNKNOWN	WW II	WAR OR DATES	213 01 3	846	CLINICAL RECORD, VAMC, FORT HOW				MARYLAN
F	18. CAUSE OF DI PART I. DE AT	H WAS CAUSED	BY:	line far (o), (b), an		DV ADDECE		-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
1.	1	IMMEDIATE	CAUSE (a)	CARDLOPU	THUNA	RY ARREST			PILMU	Anjo.
	Conditions, if	a a constant	DUE TO, O	R AS A CONSEQUE		DISEASE			8 YE	ADC
П	gove rise to	immediate	DUE TO O	R AS A CONSEQUE		UI SPASP			U III	BUILD!
L		ause last.	(c)_	AS A CONSEGUI	LINCE OF					
2				NTRIBUTING TO I		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN II	V PART 1(a	
PTIEICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT			OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \textstyle \te		
1 8	210 ACCIDENT WAS	UNDERLYING	216. TIME C	FINJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	

ł				70"	IN CERTIFYING CAUSES OF
Į				YES NO	YES N
I	21a ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART OR PART 2)
I	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR			
ı	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19			
1	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f LOCATION STREET	CITY OF TOW	VN COUNTY
Į	WHILE NOT WHILE				

220.1 certify that (1) (this haspital) attended the deceased fram SEPTEMBER

above, (1) (we) (did) (did nat) view the bady after death.	, and mar in	my (dor) opinion death occorred on the date and hour	and from the cooses state
226. SIGNATURE	1 4 DEGREE		22c. DATE SIGNED
Well Styen W	h M.D	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	2/26/85

22e ADDRESS

WEIN-SHIANG, YU	, M.D.	VA MEDICAL CENTER, FORT HOWARD, MD 210	4
230. BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION	
Burial	2-28-85	Mak. Veterans Cem. Crownsville; Md.	5

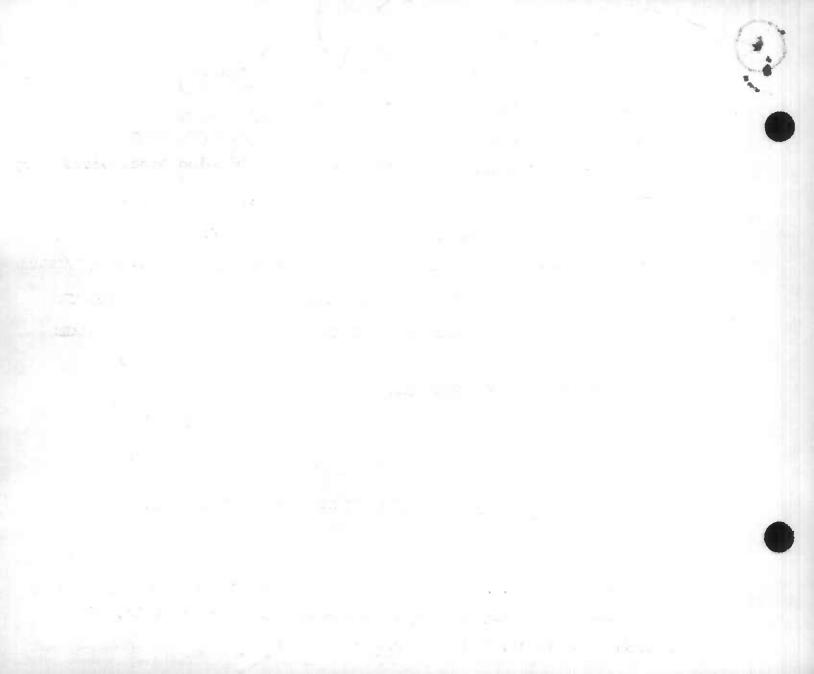
Burial

DHMH - 16 50M 4/83 (VRA 15, 4)

Joseph N. Zannino, 263 Saper Conkling Street FEB 26 1985

MPORTANT: # hem 21 is

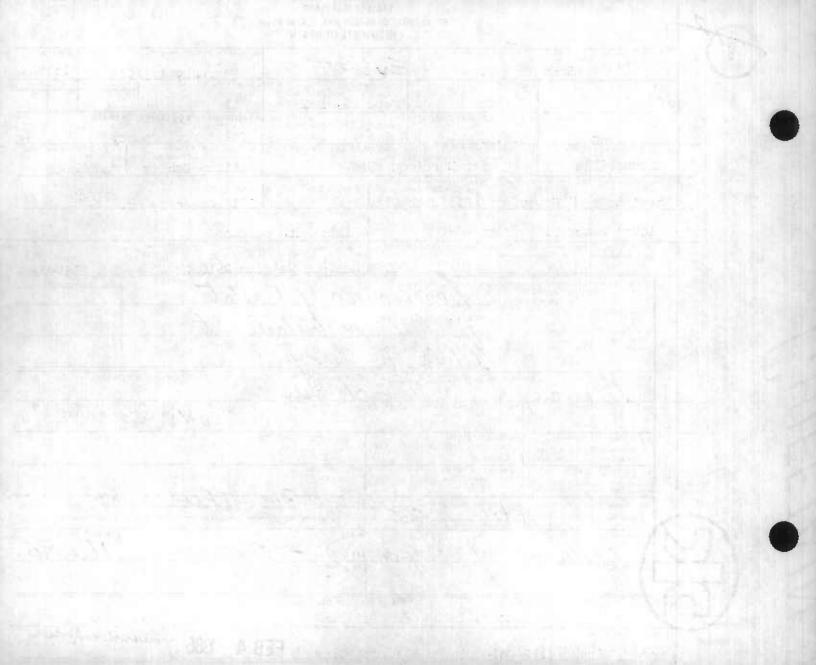
MEDICAL



MesonionX .E #bone ed 107 - 191 191 191 190 591 19 . NO Second Fee STATEST .T 112 mentioned Personal Dys-10-11 . Margrand II. santager . came 11010 80 11 612 Organizan i Pary-85 | Leguriew Mamarini Enlithors Lecentral J. Hund. Ltc. . 2209 Berriord Sa. PRESTON ST

201

DIVISION OF VITAL RECORDS.



STATE OF MARYLAND FOR - STATE CEDTIFICATE OF DEATH

		REGISTRAR				CERTII	ICAIL OF DEATH	REG. NO).			
		CEASED NAME	FIRST		MIDOLE	100	LAST	2a. DATE OF DEATH	MONTH	OAY	YEAR	2b. HOUR
	(TYPE	OR PRINT)	NICH	IOLAS	A.	FA	BER		2	16	85	7:19A
	1.583	X		4 RACE			OF BIRTH	6 AGE (IN YEARS LAST BIRT	HOAY)	MONTH.	DAYS	IF UNDER 24 HRS. HOURS MIN.
	Ma.	le		White		Dec.		60	YRS		DATS	HOURS MIN.
1		RTHPLACE (STATEORF	OREIGN	76. CITIZEN OF	WHAT COUN	MARRIE	ED NEVER MARRIED	BALT MORE	COUN	UNT	EATH	
_		w Jersey		U.S.A		WIDOW						MD.
6		TOWSON	TH	IF GBM	CFACIO 70	SPREET ADDRESS H	ARLES ST.	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		LIFE) IN	DUSTRY	Schools
	USUA	AL RESIDENCE (IF NURSI	ING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE	BEFORE ADMISSION)		rengineer		F	DLIC	: SCHOOLS
6	13a S	STATE	13P COA	11A	13c. CITY OF	RIOWN	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS /				
1		ryland	Balt	imore	Towso	n	YES NO K	546 Hampto	n La	ne	2120)4
9 ,	14 FA	ATHER'S NAME		MIDOLE	IAS	ST.	15. MOTHER'S MAIDEN NA/	ME			LAS	51
Z.	And	dro				ber	Katerina			Cz	umpe	٦
8		VAS DECEASED EVER	IN U.S. AR	MED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE	SS	-		
	Ye	YES, NO OR UNKNOWN)	TATTAT T	I-Korea	152-	14-0202	Mary Faber	- Same as #	13e			
		IS CAUSE OF DEAT	H (Enter on	ly one rouse per	line for (n) (hi and ici i					APPROX	ONSET AND DEATH
		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	D BY.	CARD	IOMYOPA	THY				SCI.VILLIS	OLIZET HILD GEHTT
			IMMEDIA1	E CAUSE (a)								
				DUE TO, O	R AS A CON	SEQUENCE OF						
		Conditions, if ony,		((b)_								
		gove rise to imn	nediote	}			THE STATE OF					
	7-3	underlying cause		DUE TO, O	RAS A CON	SEOUENCE OF						
				(c)								
	N	PART 2 OTHER SIGN		JEST IV	E HE		NOT RELATED TO THE TERM	INAL DISEASE OR CONI	OITION C	SIVEN IN	PART I	a ·
1	CATIC	19a DATE OF OPERAT	ION	196 COND	ITION FOR W	VHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?				NGS USED
	CERTIFICATION							YES NO		YES [CAUSES	NO [
1	CE	210. ACCIDENT WAS UND	_	LIOUD A		H DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM I	8 PARTIC	R PART 2)	
	AL	OR CONTRIBUTING		(IH	M. MONT	19						
	MEDICAL	21d. INJURY OCCURE			OF INJURY	19	211 LOCATION					
	ME	WHILE NOT WH				OFFICE, FARM, ETC.)	STREET	CITY OR TO	MN		OUNTY	STATE
V.	100	AT WORK AT WOR	PX									
	1000	228.1 certify that (1)	(this hospi	tal) attended th	e deceased	from 2/	102 1985			_ 19_0	5	that (I) (we) last
	100	sow the decease	ed alive on	2/10			nd that in (my) (our) opinion o	death occurred on the do	te and h	our and	from the	couses stated
	100	obove, (I) (we) (c 22b. SIGNATURE	did) (did no	t) view the body	ofter death.		DEGREE				2. DATE	SIGNED
		1	M	11			ATTENDING PHYSICIAN F	MEDICAL STAF	F		>/	11/01
9		110	1/1	SUL-			THISICIAN L	DIRECTOR PHYSIC	IAN		41	16/85
	32	22d PHYSICIAN'S NA		CONTRACTOR OF THE PARTY OF THE			22e ADDRESS	1 11 CHAR	F.C.	CT	/	/
		D. G	ROB	ERTS	MD.		GBMM 670	1 N. CHAR	-F2	51.		
	23a B	BURIAL, CREMATION,		236. DATE		123, NAME OF	CEMETERY OR CREMATORY	23d LOCATION		_		
	1	(SPECIFY)	KEMOVAL		20			CITY OR TOWN		cou	NIY	STATE
	Bu	rial		2-20	-85	Oaklan	nd	Phila.				Penna.

DHMH - 16 50M 4/83 (VRA 15, 4)

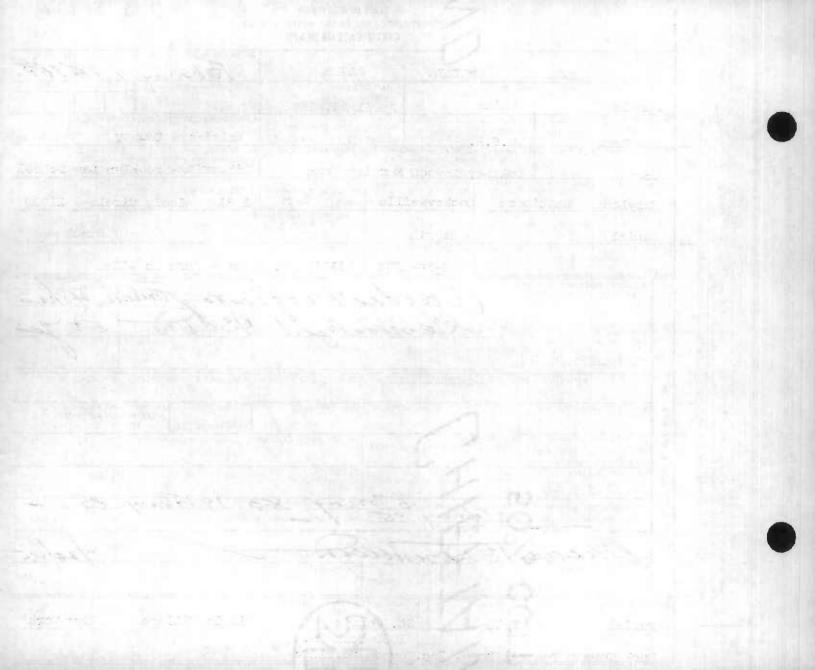
9 BP.

MPORTANT: If hem 21 is should be detoched with the State Dept

> 24 FUNERAL DIRECTOR AOORES 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204

Phila. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

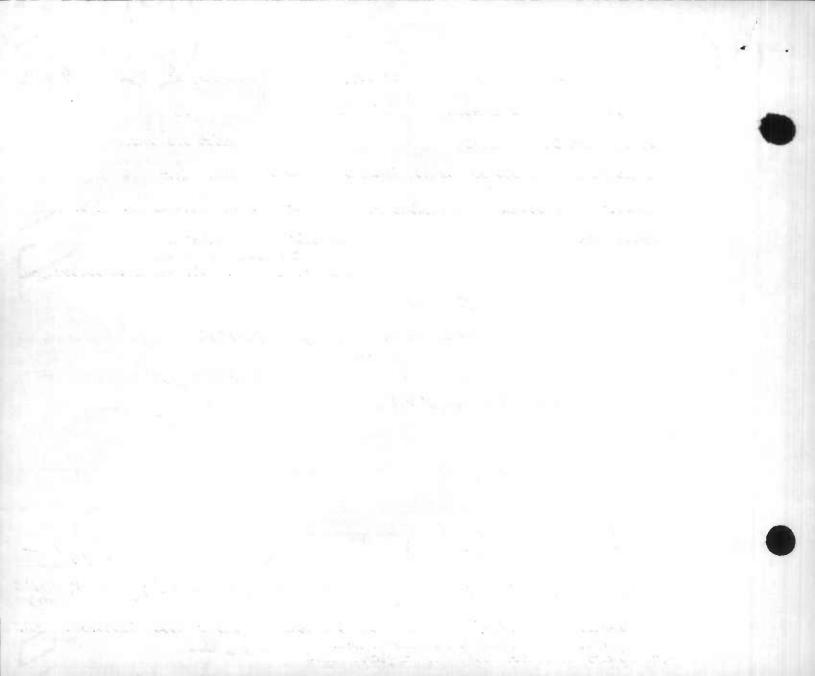
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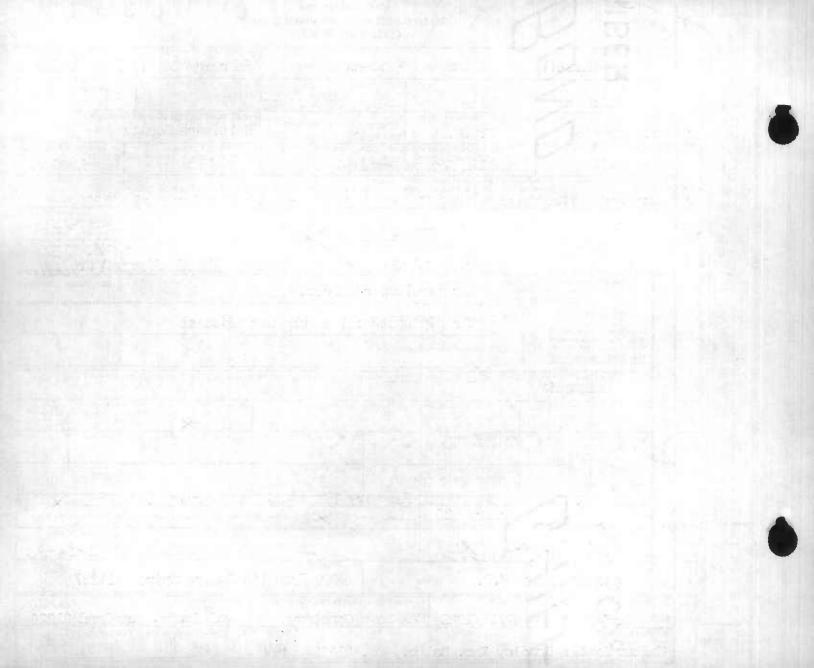


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

(VRA 15, 4)





DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	

DEFARIM	CERTIFICATE OF		REG. NO.					
MIDDLE	LAST		20. DATE OF DEATH MON	NTH	DAY	YEAR	2b. HOU	R
	FINE		FEBRUARY 1	, 1	985		12:5	8P "
	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDA	(Y)	IF UNDER	RIYEAR	IF UNDER	24 HRS
	MONTH DAY	YEAR			MONTH5	UAYS	HOURS	MIN.
CASIAN	DEC. 18,	1896	88	YRS.				
OF WHAT COUNTRY?	8.		9 BALTIMORE CITY OR CO	OUNTY	OF DE	ATH		

MALE CAUC To. BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN MARRIED NEVER MARRIED

VERMONT USA CITY OR TOWN OF DEATH

4. RACE

JACOB

FIRST

WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

DIVORCED BALTO. COUNTY GENERAL HOSPITAL

YEXX

12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) PROPRIETOR

13e.STREET ADDRESS / ZIP CODE

3413 OLYMPIA AVE.

BALTIMORE COUNTY 12h KIND OF BUSINESS OR INDUSTRY **FURS**

#21215

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

COUNTY 13c. CITY OR TOWN BALTIMORE MARYLAND

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).

IMMEDIATE CAUSE (o

LAST FINE

15 MOTHER'S MAIDEN NAME LENA

MIDDLE ROSENBERG

ISAAC 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. LIF YES, GIVE WAR OR DATES! WWI-ARMY YES

PART I. DEATH WAS CAUSED BY

213-28-5209

17. INFORMANT MR MARVIN FINE

ADDRESS 5905 EASTCLIFF DR. 21209

Conditions, if ony, which gove rise to immediate couse lol, stoting the

RANDALLSTOWN

FOR - STATE REGISTRAR DECEASED NAME

(TYPE OR PRINT)

14 FATHER'S NAME

3 SEX

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

190 DATE OF OPERATION

CERTIFICATION

80

50

rked

210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY

HOUR A.M. MONTH DAY YEAR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO YES 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20a AUTOPSY?

LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 21e. PLACE OF INJURY NOT WHILE

HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION STREET

CITY OF TOWN

COUNTY STATE

NO [

22a | certify that (1) (this hospital) attended the deceased from sow the deceased alive on, obove, (1) (we) (did) (did not) view the body offer death.

OR CONTRIBUTING CAUSE OF DEATH

DEGREE

ATTENDING MEDICAL RIRECTOR PHYSICIAN PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE STONED

224 PHYSICIAN'S NAME (TYPE OR PRINT)

DR. MAURICE FELDMAN.JR.

23b DATE

22e ADDRESS

6610 CROSS COUNTRY BLVD. BALTO 23d. LOCATION

23a BURIAL, CREMATION, REMOVAL BURIAL

22h SIGNATURE

2/3/85

CHIZUK AMUNO CEM 250 DATE REC'D.

23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN BALTIMORE COUNTY MD STATE

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.

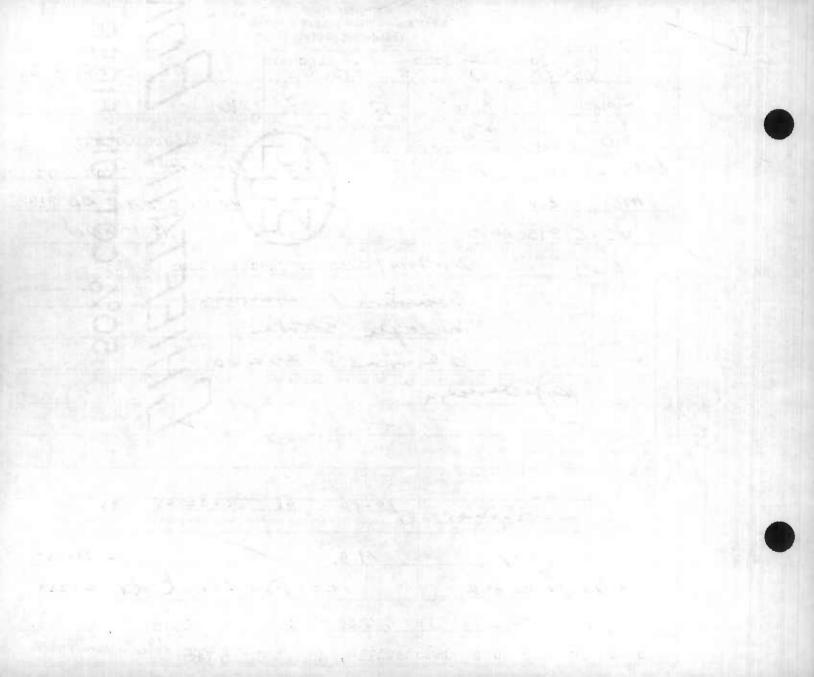
6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

DHMH - 16 50M 4/B3 (VRA 15, 4)

should be detor

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



truso escriti The state of the s AND THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY

#17, per F.H. 3/5/95 kam

FOR

REGISTRAR

DECEASED NAME

- STATE

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING INDUSTRY HOMEMAKER 13e STREET ADDRESS / ZIP CODE 2906 Liberty Parkway 21222 Ball 17 INFORMANT Richard E. Johnson Edward Johnson 1436 Lancelot Dr., Baltimore, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AS CAUSED BY:

IMMEDIATE CAUSE (O) Cardiorespiratory Failure, Transitional Cell Carcinoma PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART II a 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (any) (aur) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED DIRECTOR PHYSICIAN 9000 Franklin Sq. Dr., 21237 Burial COUNTY 3/4/1985 Sacred Heart Cemetery Baltimore Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR in Davidson Handalls Walter Brooks Bradley Inc., Dundalk, Md. 21222

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO 20 DATE OF DEATH MONTH

76 HOUR

IF UNDER TYEAR

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

	SINT AND HOLD BOWL
100 Aug. 111	

No.

FOR STATE REGISTRAR		DEP	STATE OF MARYLAN ARTMENT OF HEALTH AND ME CERTIFICATE OF DE	NTAL HYGIENE
1. DECEASED NAME	FIRST	MIDDLE	LAST	2a DA1

FOR STATE REGISTRAR				ATE OF D	EATH	REG. N	o .		
1. DECEASED NAME	FIRST	MIDDLE	ŁAS!	3	1-50	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
(TITE CHERRY)	MILDRED	н.	FLAN	DERS		February 7	, 19	85	8:53 A
3. SEX	4. RACE		S. DATE OF		WF + D	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
Female	Caucas	ian	06	16	1900	84	YRS	MOITHS DATS	MIN.
To. BIRTHPLACE (STATE	OR FOREIGN 16. CITIZEN OF	WHAT COUNTRY?	MADDIED	☐ NEVER M	APPIED T	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	-4 4
Maryland	U.S	.A.	WIDOWED		ORCED	Baltimore	Coun	ty	M
10 CITY OR TOWN OF		HOSPITAL, NURSING		OTHER INST	TUTION	12a USUAL OCCUPATI			F BUSINESS OF
Towson	Greater	Baltimore	Medi	cal Ce	nter	Homemake		INCOUNTY I	
130. STATE	NURSING HOME OR OTHER INSTITUTION	I GIVE RESIDENCE BEFORE AI	113	3d. INSIDE CI		13e STREET ADDRESS . 6016 Belon	ZIP COL	DE 2121	2
Maryland		Bartimor			MAIDEN NA		a Ave	. 2121	۷
John	MIDDLE	underländ		An		MIDDLE	ur	known LAS	iT
	VER IN U.S. ARMED FORCES?	166 SOCIAL SECUR	TY NO. 1	1 INFORMAT	NT.	ADDRI	SS		Tue, in
IYES, NO OR UNKNOWN	(IF YES, GIVE WAR OR DATES)	217-46-11	66	Charle	5 H. F.	landers, 44	01 Rc	land Av	e, 2121
	EATH (Enter only one couse pe H WAS CAUSED BY: IMMEDIATE CAUSE (a)	rline lor (o), (b), ond	of lun	g with	metas	stases		BFTWEEN	MATE INTERVAL ONSET AND DEATH
Conditions, if		OR AS A CONSEQUEN	ICE OF						
gove rise to couse (a), st underlying ca	oting the DUE TO, C	DR AS A CONSEQUEN	ICE OF						
	SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DE	ATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR CON	DITIONG	IVEN IN PART 1	0
190 DATE OF OPE	RATION 196 CONE	ITION FOR WHICH O	PERATION	WAS PERFOR	MED	200 AUTOPSY?		ES, WERE FINDIN	
TI L						YES X NO		res 🔯	NO 🗌
OR CONTRIBUTING	CAUSE OF DEATH HOUR A	OF INJURY M. MONTH DAY	YEAR	21c HOW IN.	URY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	

NOT WHILE 85 22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on Feb above, (1) (we) (did) (did not) view the and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

211 LOCATION

22e. ADDRESS

DEGREE 12c DATE SIGNED 226 SIGNATOR ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN 02/07/85

22d. PHYSICIAN'S NAME (TYPE OR PRINT) Robert A. Palermo, M.D.

6701 N. Chas. St., Baltimore MD 21204

COUNTY

STATE

CITY OR TOWN

23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY

SPECIFBurial Cockeysville 2-11-85 Dulaney Valley Maryland 24 FUNERALDIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DORE 1050 YorkRd.

Rucl Towson Funeral Home, Inc. Towson, Md. 21204

21e. PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

or Ne

should be detache with the State Dep IMPORTANT: If He

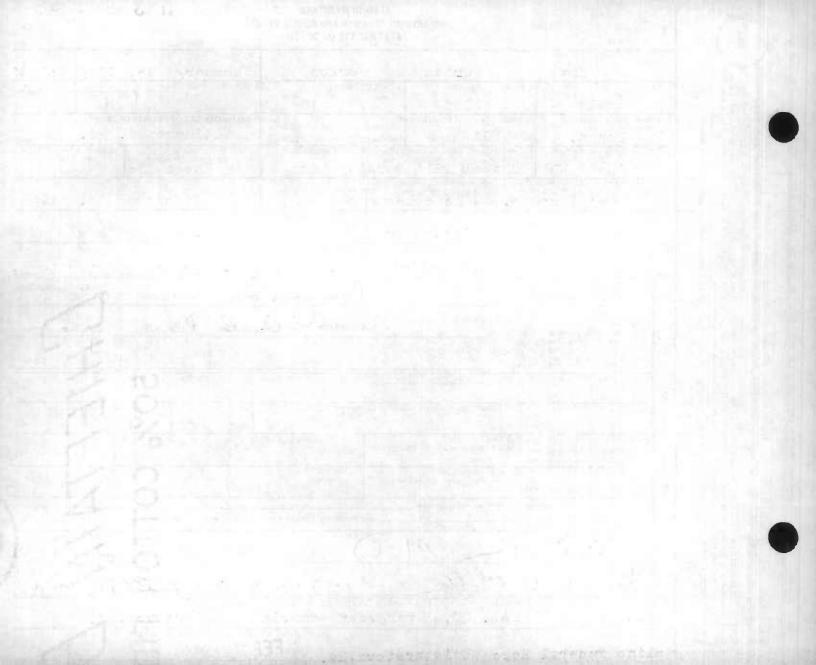
21d INJURY OCCURRED

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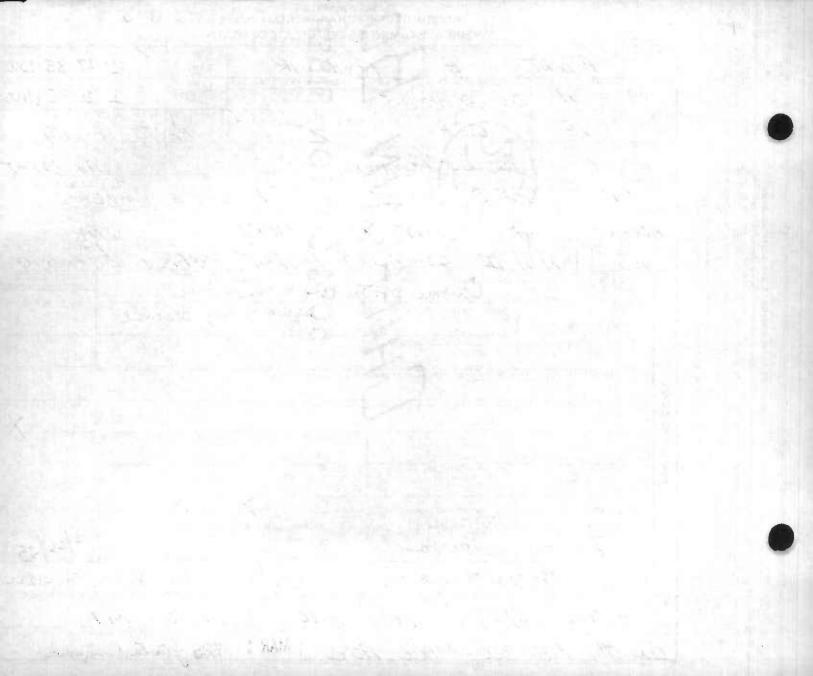
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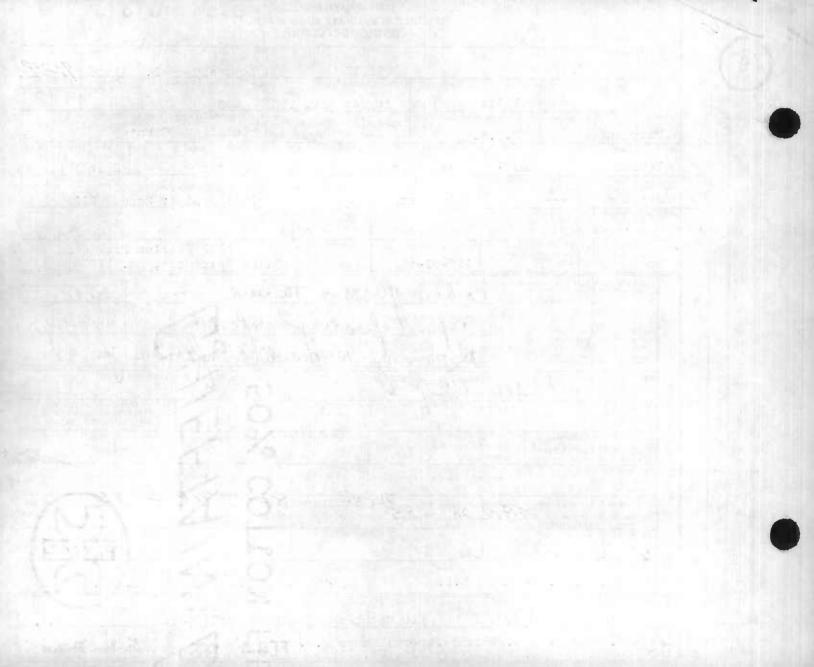
Reisterstown Md

(VRA 15, 4)



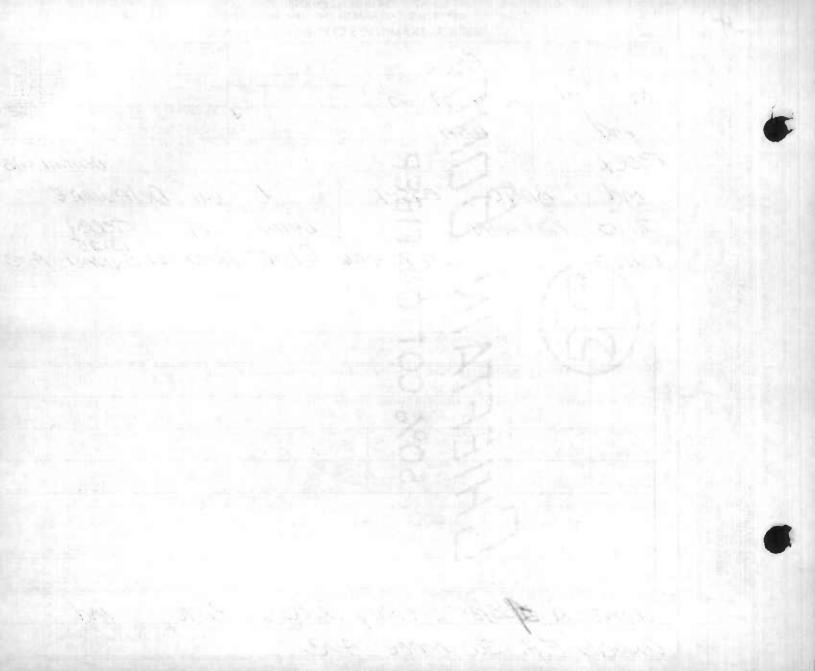
1		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 0 3	21
7		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST ALBERT	A FORD JR. 20. DATE KNOWN MONTH OF ESTI-DEATH MATED 2	23 1985 1000 M
STIS	3. SEX	M 4. RACE	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) OCC D, 1999 6. AGE (IN YEARS F UNDER 1 YR. IF UNDER 24 HRS. 26. DATE PRONOUNCED DEAD 2	26 1085 2100
WITHIN 72 WITHIN	7a BIF	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY WIDOWED DIVORCED BALTO, (2)	Y OF DEATH
19 P	10. CI	TY OR TOWN OF DEATH	3/5/5	26. KIND OF BUSINESS OR INDUSTRY
1000	USUA 13a S1		OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y BATO 13c. CITY OR TOWN 13d. INSIDE (117 LIMITS? 13e. STREET ADDRESS 2 1 YES NO 1200 F. HOMB	221 FRI5
16 MA	14. FA	ATHER'S NAME	MIDDLE LAST SP 15. MOTHER'S MAIDEN NAME FIRST MADDLE	LAST
MON OF THE PARTY O	16a. W	VAS DEČEASED EVER IN U.S. ARM ES, NO, ORUNKNOWN) (IF YES, GIVE V	ED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS APRILIMATE TERRESHED.	1200
G WITH FO		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one cause perfine for (a), (b), and (c).) I tructure & restrictive	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
JER ALONG NSIT PERM! AL HYGIENE, OVAL.		IMMEDIATI Conditions, if ony, which	(DUE TO, OR AS A CONSEQUENCE OF plumonary disease	
REM REM		gove (ise to immediate cause (a) stating the <u>under</u> lying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF	
		PART 2 OTHER SIGNIFICANT CONDITIONS C	(c)	
OSED AS A OF HEALTH CREMATIC	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
3 SHOULD BE USE DEPARTMENT OF HI PRIOR TO BURIAL CR	AL CERTIF	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PAR	YES NO
AGE 3 SHC ATE DEPAR 201 PRIOR	MEDICAL	214. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 19 216 PLACE OF INJURY (ATHOME, STREET CITY OR TOWN COUL	NTY STATE
20-0-		22a I certify that I taok charge	of the remains described above, held an Autopsy , Inspection Inquiry , and in my opi	nion
PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE 'S BAITMORE, MARYLAND, 2		ACTUAL J. CLOSSE	Maccident , Suicide , Homicide , Undetermined monner , WILE (SPECIFY) DATE	2/26/85
FUNERAL FUNERAL ER DEATH, FMAORE, M.		EXAMINER'S NAME J. CRO	SSAN O JONOVAN ADDRESS 2112 Dundalk Arc, Balto	Md. 21222
PAGE 4 TO FUN AFTER D	23e.Bl	URIAL, CREMATION, REMOVAL 23 PECIFY BURIAL		TY STATE
OM 1/73 NE (5))	24. FU	UNERAL DIRECTOR MAME MANUFILU F.H.	30 MAR 1 1985 Serie Deviden	GNATURE





A.2.U Styll U.S.A. Sand Ille great for your bill gestern all LOS Kert Charry Mall PA. No. Helto Peterstonn enzies 215-07-5683 - Honry V. France Real tarming, No. 223 . by . milit many fire

								MARYLAND	17 to 725	0	-2	13 3	(1)	
	4		FOR STATE		D	EPARTME	NT OF HEALTI	H AND MENTAL H	IY GUENE -	. 0	U	0 0	0	
	7	1 "	REGISTRAR		MED	ICAL EX	AMINER'S	CERTIFICATE C	F DEATH	REG. N	10.			
			CEASED NAME FIRS	T		WIDDIE		LAST	2g DA	TE KNOWN I	MONTH	DAY 1	YEAR 2	L HOUR
		(TYP	E OR PRINT)	DD	20	00	DI	NTTT 4 4 3 3 7	0	F ESTI-		00	05	
	ASE DIRES		EDWA		LKI	oce		REEMAN			× 2		85	M
	A DE OF	3 SE)	4. RACE	5. DA	TE OF BIRTH	YEAR 6	AGE (IN YEARS IF U	NDER 1 YR. IF UNDER		ATE DUNCED	HTMOM	DAY	YEAR	2d HOUR
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	A SA	Za Bi	RTHPLACE (STATE OR	7b. CI	TIZEN OF WH	AT COUNTRY	(2)		9 BAL	TIMORE CITY	OR COUN			11 //1
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STATE OF MARYLAND

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LAST 20 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS Arthur Edmund Feb. 5 1985 Froud 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Male White Sept. 14 1897 BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County USA England ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE! St. Joseph Hospital Towson Carpenter USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 130 STATE 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 10323 Malcolm Circle, 21030 Baltimore | Cockeysville YES Maryland 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Jane Froud Marv Arthur James 166 SOCIAL SECURITY NO. 17 INFORMANT 059-09-0878 / Harry Froud, 4 Dalecrest Ct., 21093 No 18 CAUSE OF DEATH Enter only one couse per-PART I. DEATH WAS CAUSED BY Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONSTITUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? 206. IF YES, WERE FINDINGS USED 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR DE CONTRIBUTING [] CAUSE OF DEATH IL LOCATION NOT WHILE 220 I certify tho (s) this hospital) attended and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE ATTENDING Ronald L. Broadwater, Sr. M.D.

FOR - STATE

REGISTRAR

PHYSICIAN DIRECTOR PHYSICIAN 10 Warren Rd., Cockeysville, Md. 21030 230 BURIAL CREMATION REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Md. Balto. 2/6/85 Westview Crematory Catonsville Cremation Timonium 21003 pate pech by registrar 256 registrar's signature DHMH - 16 60M 7/84 June Daydon Randon Martin D. Lawson, 10 W. Padonia Rd. (VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

REG. NO.

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126. KIND OF BUSINESS OR

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IN CERTIFYING CAUSES OF DEATH?

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STATE OF MARYLAND

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3. SE)	<	4	RACE .	4	5 DATE O	OF BIRTH	6. AGE INY	EARS LAST BIR	THDAY	IF UNDER 1 YE	
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	RTHPLACE (STATE OF	FOREIGN 7	CITIZEN OF	WHAT COUNTRY	8 MARRIE	D NEVER MARRIED	PLBALTIMO	RE CITY C	R COUN	TY OF DEATH	
1	Va			ICIG/	WIDOWI	-	BA	110	Co	unty	MD
10 CI	TY OR TOWN OF DE	ATH 1	1. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	120 USUAL			126. KIN	OF BUSINESS OR
6	OFIFE		5+	00500	DIT	OSPITAL	Bank			Equital	
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	VAS DECEASED EVE			166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADDR	ESS		
5	(es	WWI	WAR OR GATES)	212-20-6	6680	Shirley H. F	ulcher	, Sam	es a		
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			(c)								
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CERTIFICATION	190 DATE OF OPERA	ATION	19b. COND	ITION FOR WHICH	H OPERATIO	ON WAS PERFORMED	20e AUTO	OPSY?		YES, WERE FIN	DINGS USED SES OF DEATH?
Ĕ							YES 🗌	NO	III CER	YES [NO [
EDICAL CER	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH		FINJURY M. MONTH D M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	ATURE OF INJU	JRY IN ITEM T	8 PART I OR PART	2)
MEDI	21d INJURY OCCUI	WHILE [21e PLACE	OF INJURY REET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
1	220-1 certify that (l) (this hospito	I) ottended th	e deceased from,			, to			. 19	_ that (I) (we) lost
	sow the deceo obove, (1) (we)	sed olive on_	view the hade	dtter death	, o	nd that in (my) (our) opinion	deoth occurre	ed on the d	ote and h	our and from	the couses stated
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10	0	ours	1	ano [-	PHYSICIAN [DIRECTOR				
	22d. PHYSICIAN'S N	IAME (TYPE OR	PRINT)			22e ADDRESS					
	BURIAL, CREMATION	DE LIGHT	236. DATE	122	NAME OF C	EMETERY OR CREMATORY	1				
							23d. LOC.				

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR
Leonard J. Ruck, Inc., 5305 Harford Rd.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE FEB 2 1 1985 DEVILORA-RANGER

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FOR

- STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

LEVINE MAURICE FURCHGOTT 2 RED BARN CT. (21208) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 2-9-85 TRACTIMONE UN 2120 THOMASVILLE, GA. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR SOL LEVINSON & BROSERS 6010 REISTERSTOWN RD. BALTIMORE., MD. (21215)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENI

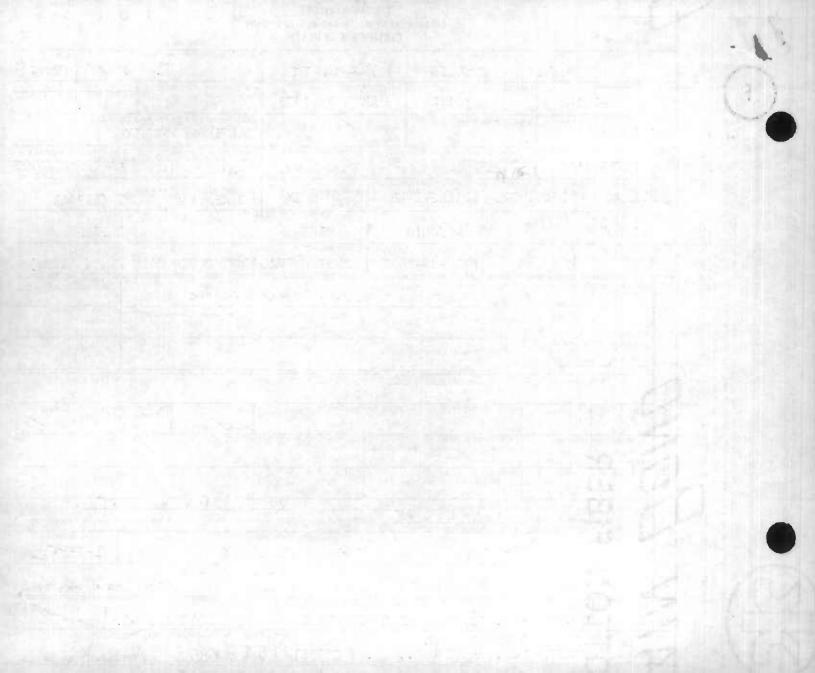
2b. HOUR

12b. KIND OF BUSINESS OR

LADIES CLOTHES

IF UNDER 24 HRS

IF UNDER TYEAR



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DEPARTMENT	OF	HE	AL'	ГН	AND	MEN	

TAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20 DATE OF DEATH DECEASED NAME 2b. HOUR ETYPE OR PRINTS Louis Simon Gagliano 6 1985 2 2:30A M 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYFAR IF UNDER 24 HRS 27^{AY} 19338 Male White 51 TO BIRTHPLACE | STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Maryland U.S.A. Baltimore, County WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR 23 DUBLIT GIVE DREET ADDRESS) INDUSTRISTRUCTION Engineer Working LIFE) Lutherville 21093 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 136. INSIDE CITY LIMITS? 13. SIREEL ADDRESS Dr, 13h Balleo. 21093 NO E 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Lufgi Gagliano Cantale Giovanna 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TYES. NO 25 SHKNOWN I Korean Dates 213-30-0631 Mrs. Justine Gagliano Same as 13 e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ANCER WITH METASTASES IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the DUF TO OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX YES [NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) DAY YEAR HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 216. INJURY OCCURRED 211. LOCATION 21e PLACE OF INTURY COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a 1 certify that (1) (this hospital) attended the deceased from, sow the deceased alive an _ , and that in (my) (aur) apinion death occurred an the date and haur and fram the causes stated idid not view the body after death. 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OR PRINTS 22e ADDRESS Dr. Nathan Rosenblum 7600 Osler Drive 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Buria1 2/8/85 Cockeysville Balto. Dulaney Valley 21204 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAL AND TO TOUR TO THE STATE OF TH 24 FUNERAL DIRECTOR Ruck Towson Funeral Home Inc. 1050 York Rd.

DHMH - 16 50M 4/82 (VRA 15, 4)

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Mitchell-Wiedefeld Home 6500 York Rd.

FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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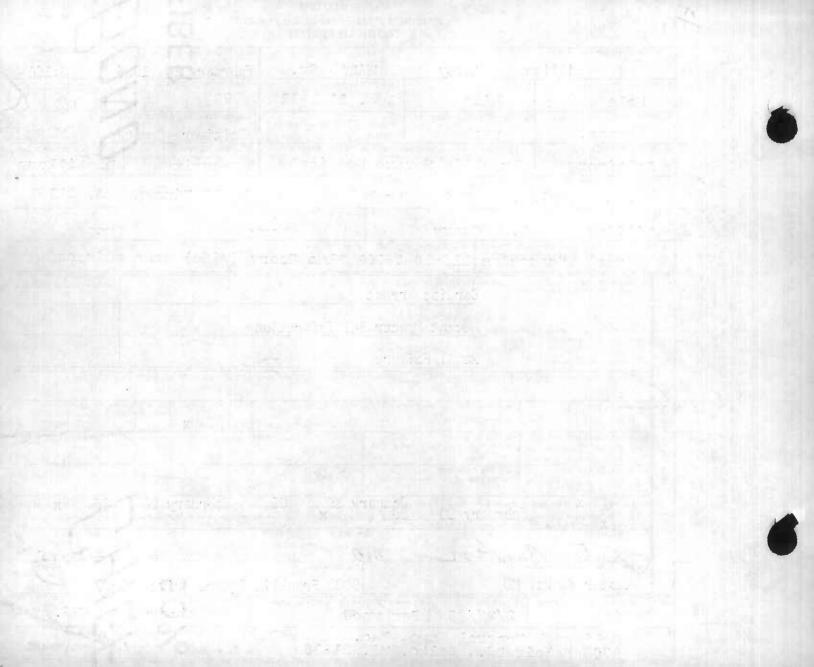
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STATE OF MARYLAND

STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



FOR 1 - STATE

18 CITY OR TOWN OF DEATH

STATE OF MARYLAND

EPARTMENT OF HEALTH AND MENTAL HYGIENE	0	~
CERTIFICATE OF DEATH		REG.

120 USUAL OCCUPATION

REGISTRAR			CERTIFICATE OF DEATH	REG. N	10.				
1 DECEASED NAME	FIRST	WIDDLE	LAST	20 DATE OF DEATH	нгиом	DAY	YEAR	2b, HOU	JR
	JEROM]	E J.	GEBHART		02	19	1 85	1:0	3P
3 SEX		4 RACE	5. DATE OF BIRTH	& AGE IN YEARS LAST BE	RIHDAYJ	IF UND	DER I YEAR	IF UNDER	1 24 HRS
Male		White	June 12, 1898	86	YRS	MONTH	DAYS	HOURS	MIN.
	E OR FOREIGN	LOUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF D	EATH		
Marvland		U.S.A.	WIDOWED DIVORCED	BALTIMORI	E COU	NTY,			М

GREATER BALTIMORE MEDICAL CENTER Self-employed TOWSON Real Estate JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE 13h COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 11 Candlelite Court 21093 Baltimore Timonium NOXX Marvland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Davis Carrie Gebhart Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) Helen S. Gebhart - Same as #13e 212-26-9738 Yes I WW

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

PART I. DEATH WAS CAUSED BY	PART I. DEATH WAS CAUSED BY: CARDIOGENIC SHOCK MMEDIATE CAUSE (o)					
Conditions, if any, which gove rise to immediate	AS A CONSEQUENCE OF MYOCARDIAL INFARCTION AS A CONSEQUENCE OF					

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

0	DIABETES	MELITIS				
CAT	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
E				YES NO X	YES 🗌	NO 🗌
AL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRED	CENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	B 50
DIC	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19 21e PLACE OF INJURY	21f LOCATION			
MED	WHITE IT NOT WHITE IT	(AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	wn COUNTY	STAT

CITY OR TOWN STATE (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from

saw the deceased alive on and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22t. DATE SIG

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

GBMC - 6701 N. CHARLES ST. 21204 TIMOTHY HERLIHY.

23d LOCATION 230 BURIAL, CREMATION, REMOVAL 73h DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OR TOWN Balto. Hebrew Reisterstown, Balto. Maryland Burial 24 FUNERAL DIRECTOR ADDRES 1050 York Rd. 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

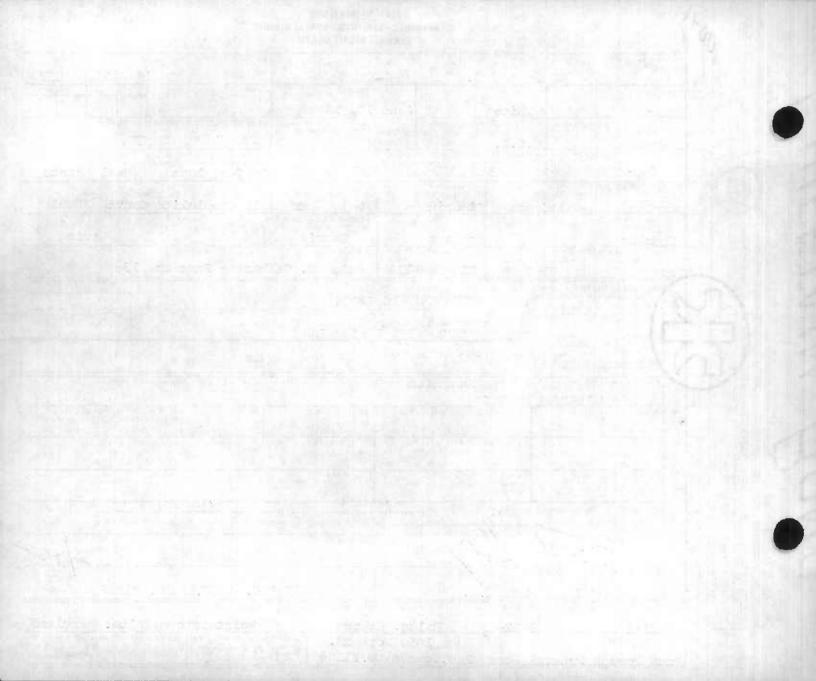
Ruck Towson Funeral Home, Inc. Towson, Md. 21204

126 KIND OF BUSINESS OR

INDUSTRY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP



should be detached for use as the burial-transit permit. Then please remove cork with the State Dept. of Health and Mertal Hygiene prior to burial, cremation, or IMPORTANT: If them 21 is marked or them 18 shows any injury, as other traumatic

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1-	STATE REGISTRAR			DELAKIN		ICATE OF DEATH	REG. N	0.			
1	DEC	CEASED NAME	FIRST		MIDDLE	L	AST .	20. DATE OF DEATH	MONTH E	DAY YEAR	26. HOUR	
	,,,,,	06161411	Paul	ine	M.	Gei	ger		2-19	- 85		м
	3. SEX	(4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HI HOURS MI	IRS
	FE	MALE		WHIT	E	MONTH 3	23 1899	85	YRS			
3		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA PRIE	D NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	12700	
2	MA	RYLAND		US	A	WIDOWE		BALTIMORE	COUNT	Y		MD.
2		TY OR TOWN OF DEALTO. COUNT		11. NAME OF I	HOSPITAL, NURSIN	G HOME C	e-7600 Clay Lr	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF HOUSEWILL	F WORKING LIFE	E) INDUSTRY	F BUSINESS O	OR
5	USUA 130. S	AL RESIDENCE (# NURS STATE RYLAND	ING HOMF OF	OTHER INSTITUTION,		ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	4.77	21	to.,Mc	<u> </u>
77	14 FA	THER'S NAME					IS MOTHER'S MAIDEN NA	ME				
U		Rudolf		MIDDLE	Moesta	ı	FIRST Mart	tha		Bac	h	
1	16a W	VAS DECEASED EVER			166 SOCIAL SECU		17. INFORMANT	ADDRE				
	N	YES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	213-01-3	3086D Anna G. Sielaff 8617 Manorfiel					. 21236	6
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		Condition is		DUE TO, O	R AS A CONSEQUE	NCE OF						
9		Conditions, if any, gave rise to imm	nediate	(b)_								
e.		underlying cause		DUE TO, O	r as a conseque	NCE OF						
ī		PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	VINAL DISEASE OR CON	DITION GIVI	EN IN PART 110	0.	=
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7		OR CONTRIBUTING ()		AIR	M. MONTH DA	Y YEAR						
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		22a certify that 1) saw the decease		XX attended th	e deceased Iram	1/14/8	32				that (I) (XXI	
H	=17	saw the decease above, (I) (X e) (c	d alive or	2///84	alter death.	, or	nd that in (my) (CA) opinion	death occurred on the d	ate and have	r and Iram the	couses stated	1
1		27b. SIGNATURE	Bu	int		MI	DEGREE ATTENDING PHYSICIAN D	MEDICAL STA		2/20 DATE 2/20	SIGNED	
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	24. FL	UNERAL DIRECTOR		238.00	ADDRESS	1401	Belaire R 250. DAT	E REC'D. BY REGISTRAR	25b. REGIST	RAR'S SIGNAT	URE	333
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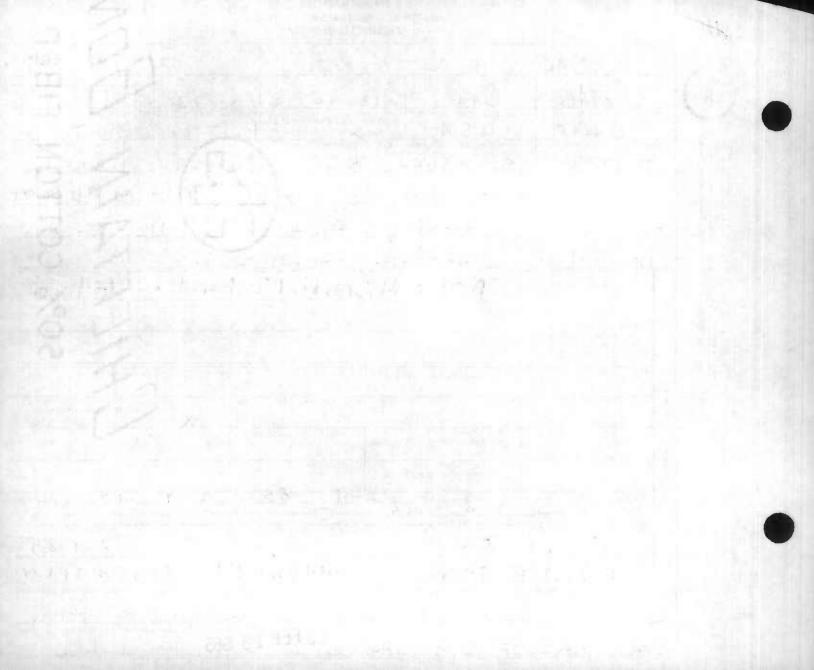
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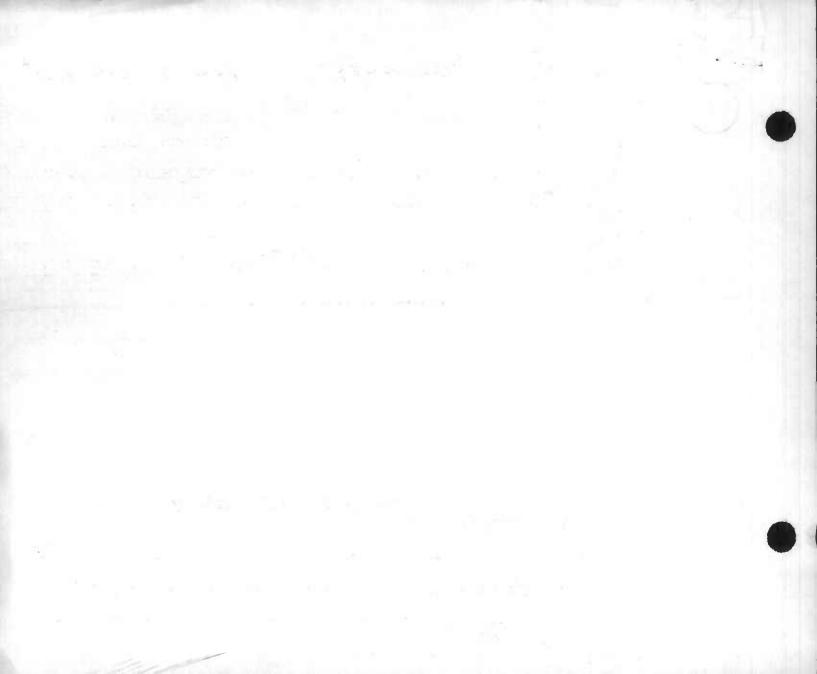
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10	1.	STATE REGISTRAR			DEIMRIN	_	CATE OF DEATH	. III OILII	REG. NO			
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dicol		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRES	SS		
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H	-	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	WIOOFE	LAST	20. DATE OF DEATH MC	ONTH DAY YEAR 26 HOUR
y be	TAPE	SARC	F	GEPPI	02	2/09/85 737 AM
ê fi	3. SE		RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS DATS HOURS MIN.
4 6 A		MALE	CAU.	12 12 12	72	YRS.
a 30		RTHPLACE (STATE OR FOREIGN)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH
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4 11 46	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION	126, KIND OF BUSINESS OR INDUSTRY
8 11 11		TOWSON	ST JUSEPH	1 402b.	IURIVER	TRUCK Co.
24 hou	13a. S	TATE 13b. COUNT	ALTO TOWN		13. STREET ADDRESS / Z	TUTO RD 2120+
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omple lond	F	InTonio	GEPPi	Anna	WIDDLE	Ds GREGORIO
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rote hysica poper oper nt, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), b), and	Whater which	Insmit!	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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or o		22a 1 certify that (this haspite		2-4 1905	10 7 - 8	, 1985 , that (I) (we) lost
TTEN priol priol for (of H		street the decembed almost	view the body after death.	5 and that in my)(aur) apinian	death occurred on the date	and hour and from the causes stated
OR A be hos bent oched Dept		278 SIGNATURE	0/4	DEGREE		22c DATE SIGNED
Y the XAL D detoo ote D ote D		Laluto	selom	ATTENDING PHYSICIAN	DIRECTOR PHYSICIA	ND 2-9-85
TO HOSPITAL of retoined by the TO FUNERAL E should be detoin with the Store LIMPORTANT; If		22d. PHYSICIAN'S NAME (TYPE OR	E. Stoner	714 Yuy	KPd. T	owson 21204
7 5 F 2 3 8		URIAL, CREMATION, REMOVAL	23b. DATE 23c. N/	ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY O STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI CERTIFICATE OF DEATH

FOR - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTS JAMES KENNETH February 18 AGE (IN YEARS LAST BIRTHDAY 4 RACE 5 DATE OF BIRTH IF UNDER LYEAR 3 SEX IF UNDER 21 HRS MONTH Male White Sept. 11. 1914 70-TO BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED MD USA DIVORCED | Baltimore County 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Balto. 21212 182 Brandon Road Office Worker Clothing Mfg. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE APPLIES DE 136 STATE 136 COUNTY 136 CITY OR TOWN 2 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 182 Brandon Road, 21212 MD Balto. Balto. NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Klemman Gettier 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mrs. Eva E. Gettier. 214 01 3356 Same WW II Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (g) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 90. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM ETC 1 STREET WHILE NOT WHILE 220.1 certify that (this haspital) attended the deseased from. and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above (filmer land) did not view the body after death 226 DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D 22e ADDRESS Dr. D. Graham Slaughter, MD 201 E. University Pkwy., Balto., MD 236 BURIAL CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY MD STATE Burial Balto. County, 2/21/85 Dulaney Valley 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Henry W. Jenkins & Sons Co.

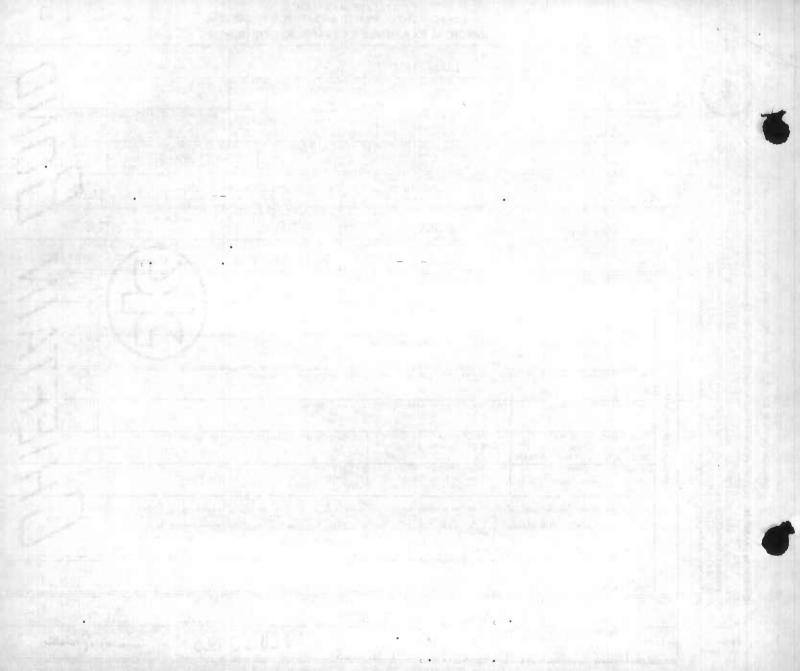
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905 York Road Balto. MD

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	3 SEX	MALE	RACE WHITE	MONT	NE 16,	VEAR LAST II	IN YEARS IF U	NDER 1 YR.	HOURS 2	MIN PRON	DATE NOUNCED DEAD	MONTH 2-	3 ₁₉ 85	2d HOUR
30	10	RTHPLACE (STA DREIGN COUNTRY) MARY LANI		7b. CIT	USA	AT COUNTRY?		RIED XX NE	VER MARRIE DIVORCE	DU	altimore city		Y OF DEATH	MD
66	R	andallst	own	(# A	altimo	PITAL, NURSING H ILITY, GIVE STREET ADDR PRE Count	y Gene			120. USUAL O	CCUPATION (TO F WORKING LIFE) NTORY CO	YPE OF WORK		TRY SPIC
6	13a S	MARY LAND		BALTO	NSTITUTION GIVE	BALTIM		13d INSIDE	NO XX	13e STREET A	SUBET F	RD. #:	21207	1
1		ATHER'S NAME FIRST MICH		MIDDLE		GLÄSER			ER'S MAIDEN		MIDDLE	F	INE	
1	16a. \	VAS DECEASED ES, NO, OR UNKNOW NO	N) (IF YES, GI	VE WAR OR D	ATES)	181-10-	6363	17. INFOR	MANT NO SUBE		BALTO.		21207	
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HEALTH AND MI	Z	PART 2 OTHER SIGN	HEICANT CONDITION	IS CONTRIBUT	(c)BU	UT NOT RELATED TO 1H	TERMINAL DISEA	SE OR CONDITIO	ON GIVEN IN PARI	1 (a).				
7	IFICATIO	190 DATE OF C	PERATION		196. CONDITI	ON FOR WHICH (OPERATION \	WAS PERFOR	RMED?				20 AUTOPSY	
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	MEDI	21d. INJURY OC WHILE AT WORK				F INJURY (AT HOADRY, FARM, ETC.)	NE, 211 LC	OCATION STREET		CITY	OR TOWN	COU	NTY	STATE
4		220 I certify death resulted ACTUAL SIGNATURE	11	rge of the tural cause		ribed above, held	Suicide [Hami	SPECIFY)	Undetermine	ed manner	DATE	2-3-8	35
BALTIMORE, MARYLAN		EXAMINER'S N (TYPE OR PRIN	n)			th, M.D.		_ADDRESS_	111 P	enn St	., Balto	o., Md	. 2120)1
	(:	BURIAL		FEB.	5,1985	ANSHE				ROSEI	/N	BAL'	TO.	MD MD
17 E (5))		6010 RE				ROS, INC.	2121	E	FEB	1 3 198			- Mandale	
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- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Fire Committee of the C TO THE REAL PROPERTY.

FOR - STATE CERTIFICATE OF DEATH REGISTRAR

Ella Louise Goins

Black

U. S. A.

Brown

66 SOCIAL SECURITY NO

76 CITIZEN OF WHAT COUNTRY?

4 RACE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

LIF YES, GIVE WAR OR DATES!

DECEASED NAME

Maryland

Baltimore

Maryland

14 FATHER'S NAME

John

CERTIFICATION

Female

BIRTHPLACE (STATE OR FOREIGN

CITY OR TOWN OF DEATH

160 WAS DECEASED EVER IN U.S. ARMED FORCES

NOT WHILE

(TYPE OR PRINT)

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

DAY

18

YEAR

5. DATE OF BIRTH

MONTH

WIDOWED

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

REG. NO

20 DATE OF DEATH 2b HOUR 7:35p February 24, 1985 6 AGE (IN YEARS LAST BIRTHDAY)

1938 YRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore County

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Federal Goverts we

Franklin Square Hospital 335 Back River Neck Road 13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME Young Ella

17 INFORMANT Anita M. Brown 335 Back River Neck Road

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 1a), [b), and ic PART I. DEATH WAS CAUSED BY Cardio respiratory Arrest IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Left Pleural Effusion Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF Breast Carinoma With Metastasis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

Hypertension

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NXX YES [NO T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 21m ACCIDENT WAS UNDERLYING

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN

STATE

220.1 certify that (this hospital) attended the deceased from February 8 19_85 February sow the deceosed of Februar above (we) (we) (and later of) view the body of) February 24 1985 and that in physicour opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING 2-24-985 HE ICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME ITTHE ON PRINTS 22e ADDRESS Thomas Lampone M.D.

9000 Franklin Square Drive 21237

23d. LOCATION

230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burail

Saint Stevens Cemetery

metery Baltimore AND STATE

250 MAREA. BY R 385 R HARDISTRAR'S SIGNATURE

COUNTY

The Bailey - Douglass Funeral Home

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

Committee with a state of the con-ক্ষাৰ্যালয় কৰিব কৰিব কৰিব বিশ্বৰ The state of the s

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO LAST DECEASED NAME 2g. DATE OF DEATH 2h HOUR TYPE OR PRINT ABRAH AM 04 185 GOODMAN 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MALE Apr. 5, 1904 White 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE ISTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Poland BALTIMORE COUNTY USA ID CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR TOWSON GBMC -6701 NET ADCHARLES ST. Stationary Engnt. Petroleum USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS / 7IP CODE White Hall 1800 White Hall Rd. 21161 13d INSIDE CITY LIMITS? White Hall Md. Balto. NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Goodman Morris Aaron Anna Levv Rd. White Hall 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) 183-09-3704 Mrs. Dorothy E. Miller, 1700 Hunter Mill 21161 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for UREMIA-METABOLIC ACIDOSIS PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) ACUTE RENAL FAILURE Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PRIOR MI AND CARD OGENIC SHOCK LEADING TO ATN 206. IF YES, WERE FINDINGS USED 28e AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOIX NO T 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE 220.1 certify that (1) (this haspital) constant the deceased from sow the deceased alive on and that in (my) (our) opinion death occurred on the date and have and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL 2/04/85 PHYSICIAN DIRECTOR PHYSICIAN 171 PHTSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS DE PAMPHILIS, M.D. GBMC-6701 N. CHARLES ST. 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION -5-85

Westview Crematory

Mitchell-Wiedefeld, Inc. 10 W. Padonia

Catonsville, Balto.

DHMH - 16 60M 7/84 (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	the	the rem
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	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.	TO FUNERAL DIRECTOR After this certificate has been signed by the attending physican and completely filed in the trumpleshould be detached for use as the burial-transit permit. Then please remove corbon papers, logar, and 3 than life in the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removel.
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njury, or other troumotic event,

MPORTANT: If Hem 21 is morked or Hem 18

CERTIFICATION

MEDICAL

STATE OF MARYLAND

FOR STATE REGISTRAR		DEPARTM		CATE OF E	MENTAL HYG DEATH	SIENE	REG. NO.			
EASED NAME FIRST PAULINE		K.		OODMAN	Favor I		BRUARY	6,	1985	26 HOUR 4:57 P
FEMALE	4. RACE WHITE		5. DATE O		1924		50	YRS	IF UNDER I YEAR	IF UNDER 24 HRS
THPLACE ISTATE OF FOREIGN	16 CITIZEN OF V	WHAT COUNTRY?	MARRIEI WIDOWE	XXXever	MARRIED	9. BALTIMORE BAI	CITY OR C LTIMOI			MD.
RANDALLSTOWN		OSPITAL, NURSIN				17g. USUAL OC				OME
L RESIDENCE (IF NURSING HOME TATE MARYLAND 136 CO		BALTIMO		136. INSIDE C	NO TS?	130 STREELAS	BESAVI	P CODE	APT. 30	5 #21208
THER'S NAME FIRSTAMUEL	WIDDLE	LUGMÄÑ		15 MOTHER	ANNA			SEARC		51
AS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	216-16-		1 S	LADE AV	UL GOODI	BALTO.			208
PART I. DEATH WAS CAU IMMED Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	DUE TO, OF	R AS A CONSEQUE	NCE OF			CANCO		TION GIV		years.
19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOP	SY?	N CERTIF	, WERE FINDI	NGS USED S OF DEATH?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	m. month da m.	Y YEAR	523	J-E	RED (ENTERNATU	RE OF INJURY I	N ITEM 18 P	ART 1 OR PART ?]	
WHILE NOT WHILE AT WORK		EET FACTORY, OFFICE F		211 LOCATION STREE			CITY OR TOWN	sig.	COUNTY	STATE
22a I certify that (1) (this ho sow the deceased alive abave, (1) (we) (did) (did 27b. SIGNATURE	an Jan	28 19		DEGREE		death accurred			and from the	
224 PHYSICIAN'S NAME (TY	PE OR PRINT)	1		22e ADDRES	SS	MEDICAL DIRECTOR			2/	7/85

224 PHYSICIAN'S NA MARTIN ABELOFF, M.D.

JUHNS HUPKINS HUSP. - BALIU., MU

23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 230. BURIAL, CREMATION, REMOVAL (SPECIFY)BURIAL BALTIMORE HEBREW FEB.8,1985

REISTERSTOWN CONBALTO. STAMD

SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE OF THE SIGNATURE O FEB 13

DHMH - 16 60M 7/84 6010 REISTERSTOWN RD, BALTO, MD 21215 (VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME TYPE OR PRINTS

FEMALE TO BIRTHPLACE ISTATE ORFO CILLINOIS 18 CITY OR TOWN OF DEA

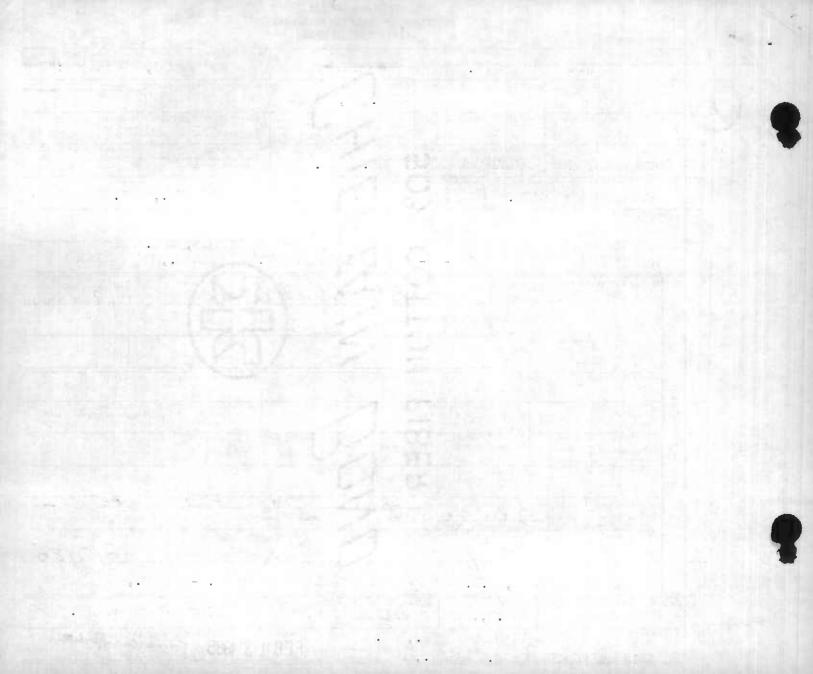
JSUAL RESIDENCE (IF NURSI 130 STATE MARYLAND

160 WAS DECEASED EVER I YENO OR UNKNOWN)

4 FATHER'S NAME

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BP.



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		E ASED NAME	FIRST		MIDDLE		LAST		20. DA	TE OF DEA		NTH	DAY	YÉ AR	26 HOUR
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1	I. SEX	•		4. RACE		AA AA	TE OF BIRTH	YFAR	6 AGE	(IN YEARS L	AST BIRTHDA	(4)	MON	INDER LYEAR	IF UNDER 24 HRS. HOURS MIN.
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0	and the second	urel, Md.		U.S.A.			4.83	NORCED [BALT					MD.
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ne		THER'S NAME	na da	MIDDLE	LAST			S MAIDEN NA		MID	DDIE			LAS	51
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2	10	VAS DECEASED EVER		E WAR OR DATES)	16b SOCIAL SI										
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		18 CAUSE OF DEAT PART I. DEATH V	IH (Enter on VAS CAUSE)	ly one couse per DBY:	CARDI	OPUL	MONARY	ARREST						BETWEEN	ONSELAND DEATH
			IMMEDIA	E CA05E (0)			P. Carlot	100		-					
		Conditions, if any	which	DUE TO, O	STROKE	ENEXM	HYDRO	CEPHAL	LUS					WE	EKS
		gave rise to im cause (a), state	mediate	DUE TO O	DAS A CONSE	OUENCE O	NE.	The Late							
		underlying cause		(c)	ATHE	ROSCI	EROT IC	DISEA	ASE		-31			YE	ARS
	NO	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING	TO DEATH	BUT NOT RELATE	D TO THE TERM	AINAL DI	SEASE OR	CONDITI	ION G	IVEN	IN PART 1	a
17	CERTIFICATION	190 DATE OF OPERA	TION	19b. COND	ITION FOR WH	ICH OPERA	TION WAS PERF	ORMED	20a	AUTOPSY'					NGS USED
1	TIFIC								YES	□ NO			YES [G CAUSES	NO [
U		210. ACCIDENT WAS UN	la de la dela de	216. TIME O	M. MONTH	DAY YE	AR 21c HOW	NJURY OCCUR	RED (EN	ITER NATURE C	OF INJURY IN	ITEM 18	PART	OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MED		P. PLACE			19 21f LOCAT	ION							
	ME		HILE		REET FACTORY, OFF	ICE, FARM ETC				CITY	Y OR TOWN			COUNTY	STATE
		220.1 certify that (I	(this haspi	tal) attended th	e deceased fro		/14	19 85	, to .	2/	10		., 19.	85	that (1) (we) last
		saw the deceas abave, (1) (we) (ed alive on did) (did no	t) view the body	after death.	9_85_	, and that in (m	(our) opinian	death oc	curred an	the date	ond ho	ou≀ an	nd from the	causes stated
		226. SIGNATURE	PX	0	M	0	DEGREE	ATTENDING	MEDI	IC AI	STAFF		7	22c. DATE	SIGNED
			an J	1-				PHYSICIAN [TOR P		· M		2/1	1/85
		ROBE RT		VCE, M.	D.		GBI		1 N	.CHA	RIFS	5	Т		
+	23e B	URIAL, CREMATION		23b DATE		3 NAME C	OF CEMETERY OF			LOCATION			-		
		urial		02 14			ore Nati			Balti		, Ma	ary	land	STATE

250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
FFR 1 3 1985 Fully Daydon Kandam

Burgee-Henss Funeral Home, Baltimore, Md.

DHMH - 16 60M 7/84 (VRA 15, 4) ##: IT # 1 01 3 11:1 TIME SERVICE TREBUT YEAR WALLER OF THE Control of the selection Co. In the second

ATTENDING PHYSICIAN, The low

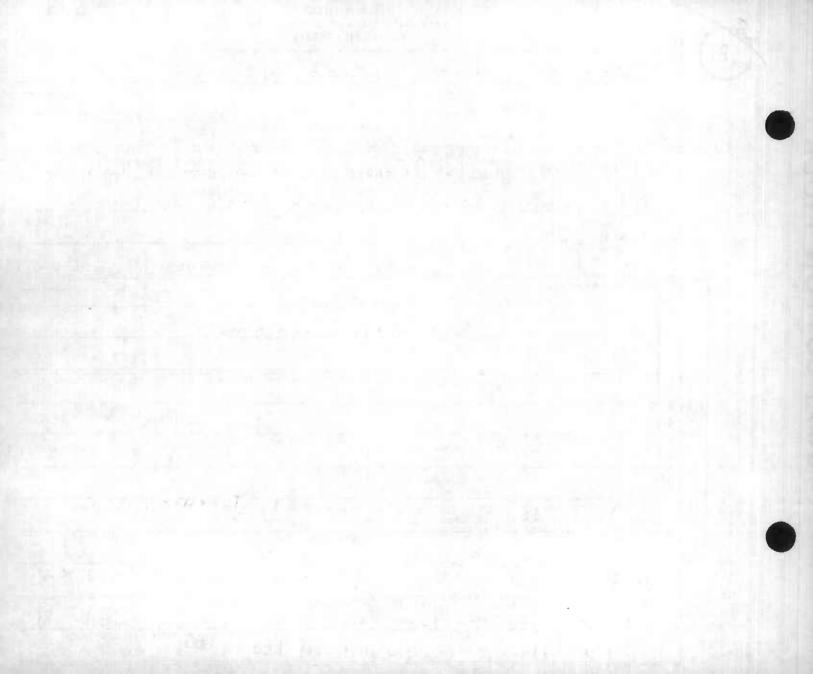
	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
ATE	CERTIFICATE OF DEATH

1-	FOR STATE	DEP		EALTH AND MENTAL HYG				
1 DE	REGISTRAR CEASED NAME FIRST	WIDDLE		AST	REG. N	O. MONTH DAY	YEAR	2b HOUR
	EORPRINT) ALL PA. DA	, ALVA	1	PORD	. DANE OF BEATT	1 1	01	117
1.56	TYONIAM	4 RACE	S. DATE C	DE RIDTH	6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
1	MALE	WHITE	MONTH		19	YRS		HOURS MIN.
1	TIPLACE (STATE OR FOREIGN	OSA	MARRIE		BALTIMORE CITY C	R COUNTY OF	DEATH	MD.
F	andal Stown	11. NAME OF HOSPITAL, NI	URSING HOME C		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE!	26 KIND OF NDUSTRY	BUSINESS OR
13e 5	L RESIDENCE (IF NURSING HOME OR O	1 1		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS		2/1	307
Ci	Dilliam Lee	AIDDLE COOL DO	т	IS MOTHER'S MAIDEN NAM	MIDDLE		LAST	
	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	ESS		7
	YES, NO OR UNKNOWN) (IF YES, GIVE	218-10	0.8089	James 1	E. Grubf	> , Re	isters	town, M
9	18 CAUSE OF DEATH (Enter on) PART 1. DEATH WAS CAUSED		by ondicui	AINGN			APPROXIM BETWEEN OF	ATE INTERVAL NSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (o), stating the underlying couse last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	onchi	al Carcin	6MO			
NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1 a	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, W IN CERTIFYIN YES	G CAUSES C	GS USED OF DEATH? NO
10.74	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IB PART	OR PART 2)	
MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O		21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	270.1 certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did not	oil) ottended the decensed of 1377 ways 28		DEGREE	deoth occurred on the d			
	JOSA L. MAE TYPE OR	1 M TWIT	(6342 Been			ナトなり	m 4
23a E	BURIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATORY	23d. LOCATION	co	YTAUC	STATE
24 5	DUCIA!	2-5-85	CAKE	rew Cometer			Home	Hd
1	Harry W. L	larialt ADDI	RESS, KOC	SILO MA FE	B 4 BY RE SES	ZSB. REIGISTRAR	S-SIGNATU	RE
	12.19 0.1	engri	yres	مراسی ا				

TO FUNERAL DIRECTOR: A should be detected for use with the Store Dept. of Health

DHMH - 16 60M 7/114 (VRA 15, 4)

MPORTANT, If Bern 21 is marked at them 18 sho



9705 Belair Road, Balto., Md.

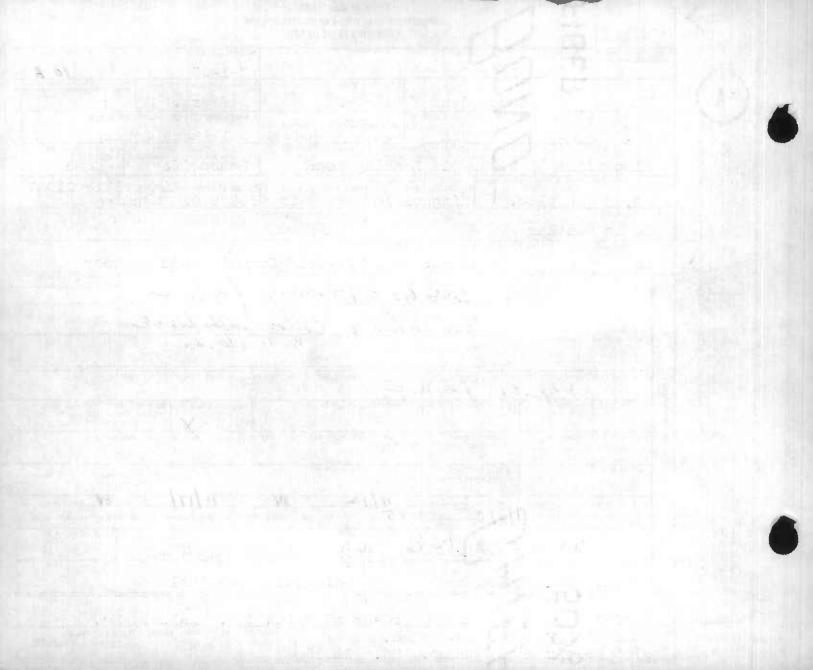
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

STATE

(VRA 15, 4)

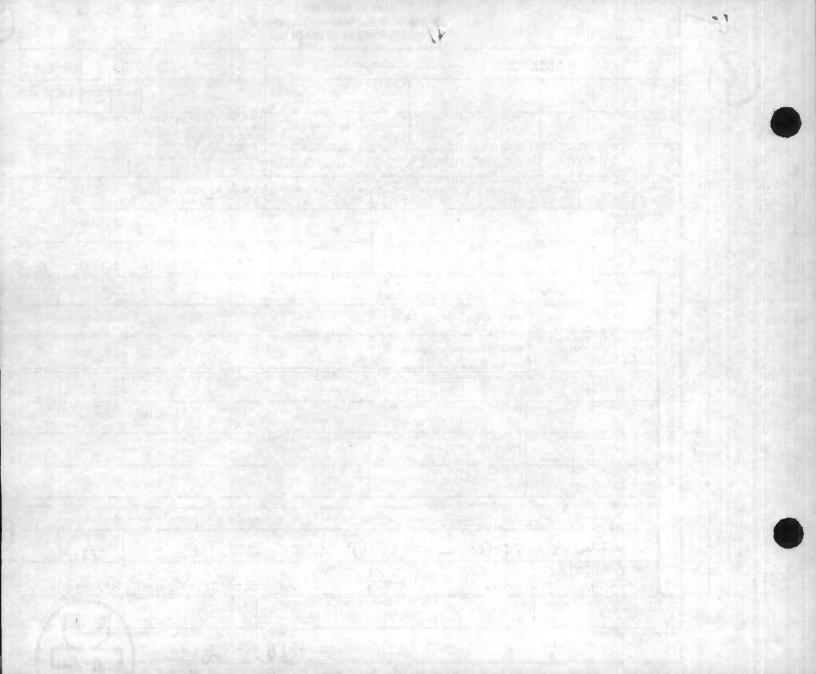
REGISTRAR



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF D	EAIN		REG. N	0.		
DECEASED NAME FIRST	MIDDLE		LAST		20 DATE OF	DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE OR PRINT) ELI	ZABETH	GUI	EST			2	12	85	10:22P M
SEX	4. RACE				6. AGE INYE	ARS LAST BIR	THDAY)		
Female		4	1	25			YRS.		HOURS MIN.
	76 CITIZEN OF WHAT	COUNTRY? 8	NEVER M	ARRIED -		_	_		
Florida		. WIDOWI	ED DN	ORCED	BALTI	MORE	COUN.	T.A	MD.
O CITY OR TOWN OF DEATH TOWSON									OF BUSINESS OR
JSUAL RESIDENCE (IF NURSING OF NO. STATE NO. STATE NO. STATE)	NTY 13c. CI	TY OR TOWN		TY LIMITS?					21215
4 FATHER'S NAME	MIDDLE	LAST			ΛE	MIDDLE			AST
Hollie			_			MIDDEL			
		OCIAL SECURITY NO.	17 INFORMA	NT		ADDRI	ESS	11/3/2	
NO NO OR ONKNOWN)	A WAK OK DATES!		Henry	Guest	3112	Sec	quoi	a Aven	ue
18 CAUSE OF DEATH (Enter or	nly one cause per line to	r (a), (b), and (c+)							DXIMATE INTERVAL N ONSET AND DEATH
		monary thro	omboembo	lizati	on				
IMMEDIA							W. Park		
Conditions If any which	1	CONSEQUENCE OF							
gave rise to immediate									
underlying couse last.	DUE TO, OR AS A	CONSEQUENCE OF							
ALDEO OTUGO CIONES	(c)	UTALIC TO DE ATURDA		70 1115 150 111					
	LONDITIONS CONTRIB	OTING TO DEATH BUT	NOI RELATED	TO THE TERMI	INAL DISEASE	ORCON	DITION G	IVEN IN PART	10
190 DATE OF OPERATION	19b CONDITION	OR WHICH OPERATIO	N WAS PERFO	RMED	200 AUTO	PSY?	20b. IF YI	ES, WERE FIND	INGS USED
J. L.					3175		INCERT	IFYING CAUSE	
71g. ACCIDENT WAS UNDERLYING					VECV	NO		CC IVI	
	1 11b. TIME OF INJU	RY	21¢ HOW IN	JURY OCCURR	YESX FD (ENTERNAL	NO[]	1	ES X	NO [
	HOUR A.M. M	ONTH DAY YEAR	21¢ HOW IN	JURY OCCURR			1	W. 20	
	HOUR A.M. N P.M.	ONTH DAY YEAR					1	W. 20	
OR CONTRIBUTING CAUSE OF DEP (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE	HOUR A.M. N P.M. 21e. PLACE OF INJ	ONTH DAY YEAR	211 LOCATIO				RY IN ITEM 18	W. 20	
OR CONTRIBUTING CAUSE OF DEP (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. IN JURY OCCURRED WHILE NOT WHILE	HOUR A.M. N P.M. 21e. PLACE OF INJ (AT HOME, STREET, FAC	ONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.)	211 LOCATIO		ED (ENTERNAI	TURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	NO [
OR CONTRIBUTING CAUSE OF DE- (IF EITHER MOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospi	HOUR A.M. N P.M. 21e PLACE OF INJ (AT HOME, STREET, FAC	ONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.) osed from 19	211 LOCATIO	, 19	ED (ENTERNAL	TURE OF INJU	RY IN ITEM 18	PART I OR PART 2) COUNTY	STATE . that (I) (we) last
OR CONTRIBUTING CAUSE OF DE. (IN EITHER NOTHYMEDICAL EXAMINE) 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 220.1 certify that (1) (this hospi	HOUR A.M. N P.M. 21e PLACE OF INJ (AT HOME, STREET, FAC	ONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.) osed from 19	211 LOCATIO	, 19	ED (ENTERNAL	TURE OF INJU	RY IN ITEM 18	COUNTY , 19ur and from the	STATE . that (I) (we) last
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OR CONTRIBUTING CAUSE OF DE- (IN EITHER MOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp- saw the deceased alive an above 1) (we) (did) (did no 22b. SIGNATURE	P.M. 21e PLACE OF INJ (AT HOME, STREEL, FACE attal) attended the dece attal) view the body after of arrangements.	ONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.) osed from 19	211 LOCATION of that in (my) DEGREE 272 ADDRES:	., 19	. to	CITY OR TO	own ate and ha	COUNTY . 19 22c DAT	state that (I) (we) last e causes stated E SIGNED
OR CONTRIBUTING CAUSE OF DE. (IN EITHER NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE ALWORK ALWORK 220.1 certify that (1) (this hasping the deceased alive an above, 1) (wg) (did) (did not 22b. SIGNATURE) 22d. PHYSICIAN'S NAME TIPPE O	P.M. P.M. P.M. P.M. P.M. P.M. 21e PLACE OF INJ (AT HOME, STREEL, FAC	IONTH DAY YEAR 19 URY TORY, OFFICE FARM, ETC.) osed from eath.	211 LOCATION of that in (my) DEGREE 272 ADDRES:	(our) opinion d	. 10	city or to	own ate and ha	county 19 22c DAT 2/ n, Md.	state that (I) (we) last e causes stated E SIGNED 13/85
OR CONTRIBUTING CAUSE OF DE. (IN EITHER NOTHYMEDICAL EXAMINE) IN EITHER NOTHYMEDICAL EXAMINE) 20.1 certify that (1) (this hosp saw the deceased alive an above 1) (we) (did) (did no 22b SIGNATURE) 22d PHYSICIAN'S NAME (TYPE OF JOHN E. Adams	P.M. P.M. P.M. P.M. P.M. P.M. 21e PLACE OF INJ (AT HOME, STREEL, FAC	URY OFFICE FARM. ETC.) OSED from 19 OSED from 23c NAME OF C	211 LOCATION of that in (my) DEGREE APPLIES: 6703	(our) apinion d TTENDING HYSICIAN Ch REMATORY	., to	CITY OR TO STA PHYSIC St., 1	own FF CIAN (X)	county 19 22c DAT 2/n, Md.	state . that (I) (we) last e causes stated E SIGNED 13/85
OR CONTRIBUTING CAUSE OF DE- (IN EITHER NOTHYMEDICAL EXAMINE) (IN EITHER NOTHYMEDICAL EXAMINE) 21 d. INJURY OCCURRED WHITE NOT WHITE AT WORK 220.1 certify that (1) (this hosp obove) (1) (we) (did) (did no obove) (1) (did) (did no obove) (1) (did) (did) (did no obove) (1) (P.M. 21e. PLACE OF INJ (AT HOME, STREET, FACE atol) ottended the dece atoly view the body after of B. M. D. 23b. DATE 2/18/85	URY OFFICE FARM. ETC) osed from 19 osed from 23c NAME OF C Cedar	211 LOCATION of that in (my) DEGREE 22e ADDRESS 6700 EMETERY OR CHILL	(our) opinion d ITENDING HYSICIAN N. Ch REMATORY Cemete 1250. DATE	MEDICAL DIRECTOR 23d LOCA CITY REC'D. BY RE	CITY OR TO CITY OR TO STA PHYSIC St, TION OR TOWN EGGISTRAR	ote and harman SS	county 19 22c DAT 2/n, Md.	state that (I) (we) lost e causes stated E SIGNED 13/85 21204
	Female BELI SEX Female BERTHPLACE (STATE OR FOREIGN COUNTRY) Florida COUNTRY) COUNTRY COUNTRY Florida COUNTRY COUNTRY	SEX Female Black Berthplace (state or foreign / 16 citizen of what country) Florida O city or town of death TOWSON SUAL RESIDENCE (IF NURSING III OR OTHER INSTITUTION GIVE RESIDENCE (IF YES, GIVE WAR OR DATES) IN ON OR UNKNOWN) IT CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY Pull IMMEDIATE CAUSE (a) Conditions, if only, which gave rise to immediate cause (o), stating the underlying cause lost. Conditions, of only, which gave rise to immediate cause (o), stating the underlying cause lost. CONDITIONS CONTRIBUTED TO CONTRIBUTE OR OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CONTRIBUTE OR OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO CONTRIBUTED T	SEX Female Black Female Black Black Female Black B	SEX Female Black Black Female Female Black Female Black Female Black Female Female Black Female Female Black Female Female Female Black Female Fe	SEX Female Black Female Female Black Female Black Female Black Female Black Female Black Female Black Female Female Black Female Black Female Female Black Female Black Female Female Black Female Female Female Black Female Female Female Black Female F	SEX I. RACE Black Female Black I. RACE Black Black I. DATE OF BIRTH MONTH DAY YEAR 5. DATE OF BIRTH MONTH DAY YEAR FOR TOWN B. BIRTHPLACE (STATE ON FOREIGN COUNTRY) Florida I. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION CREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE MEDICAL CENTER SUBJECT AS A CONSEQUENCE OF GREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE MEDICAL CENTER SUBJECT AS A CONSEQUENCE OF GREATER BALTTMORE MEDICAL CENTER SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE SULAL RESIDENCE (IF NURSING HILD REDITER INSTITUTION GREATER BALTTMORE SULAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION SULAL RESIDENCE (IF NURSING HOME OR OTHER INS	SEX A. RACE S. DATE OF BIRTH BLAY YEAR S. DATE OF BIRTH MONITH DAY YEAR S. DATE OF BIRTH DAY YEAR S. DAY T. DAY YEAR S. DAY T. DAY YEAR T. DAY YEAR T. DAY YEAR T. DAY T. DA	SEX Female Black 4 RACE S. DATE OF BIRTH MONTH DAY YEAR 4 1 25 59 YEAR 5 59 YEAR 6 RETINDANT SERVINDANT SER	SEX SEX 4. RACE Black Black 4. PARCE Black Black 4. PARCE Black 4. PARCE Black Black 4. PARCE Black Black 4. PARCE Black Black 4. PARCE Black 4. PARCE Black Black 4. COUNTRY BARTIMORE CITY CR COUNTY OF DEATH COUNTRY BLACK BLACK BLACK BLACK BLACK BLACK BLACK BLACK BLITMORE CITY OR COUNTY OF DEATH BLALTIMORE COUNTY BLACK COUNTRY BLACK B

DHMH - 16 50M 4/83 (VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO DECEASED NAME MIDDLE LAST 20 DATE OF DEATH MONTH YEAR 2h HOUR LITYPE OR PRINTS MARGARET E. HAASE 02 185 10:35% 5 DATE OF BIRTH IF UNDER I YEAR 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX Feb. 9, 1911 Female White 74 To. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. BALTIMORE COUNTY WIDOWED DIVORCED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY TOWSON Housewife GREATER BALTIMORE MEDICAL CENTER SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE LI3N COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Baltimore 2712 Christopher Ave. 21214 YES DO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Samuel MIDDLE Fisher Graham Myrtle ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 21214 (YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 216-05-2241B George F. Haase 2712 Christopher Ave. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIO PULMONARY ARREST 1 MINUTE IMMEDIATE CAUSE (o)

ACUTE RENAL FAILURE AND CONGESTIVE HEART 3 WEEKS Conditions, if ony, which gove rise to immediate DUE TO OF ALLURE cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO YES [210 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION

85 220 I certify that (I) (this haspital) attended the deceased from 85 sow the deceased alive on. , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE 22¢ DATE SIGNED

Parkwood Cemetery

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN X

22e ADDRESS

Feb 15 1985

(AT HOME STREET FACTORY OFFICE FARM ETC.)

HAL C. CLARK, M.D. GBMC - 6701 N. CHARLES ST.

230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23h DATE

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

Baltimore

COUNTY

NO [

DHMH - 16 60M 7/B4 (VRA 15. 4)

should be detach with the State De

MPORTANT

CERTIFICATION

NOT WHILE

Burial

Land Hall i iyanyah VIS Durt corner Ave. 21214 1 Dans Tisher. . The man and the second of th Saniyani camiile gustamed neonatal collision beautique hariging prombile toul for the transmit

DEP/

RTMENT OF HEALTH A	ND MENTAL	HYGIENE	- Page
CERTIFICATE	OF DEATH		

- STATE REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI Douglas 20 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 28 white 7a BIRTHPLACE Balto. TE CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY TYPE OF WORK FOR MOST OF WORKING LIFE BALTO Towson St. Joseph Hospita Salesman Office Supply USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BY ORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Baltimore Cockeysville YES [301 Warren Rd. 21030 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Arthur Hagy Mabel Davis Myrtle Moore 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 217-01-6333 Mary L. Hagy, 301 Warren Rd. 21030 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10. Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM ETC 1 WHILE NOT WHILE T 22a.1 certify that (1) (this haspital) attended the deceased from... 2.20.85 sow the deceased alive on 2 . 20 . 95
above, (I) (we) (did) (did not view the bady after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22h. SIGNATURE 2.22.8 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT:

2/22/85 Cremation 24 FUNERAL DIRECTOR

231 NAME OF CEMETERY OR CREMATORY Westview Crematory

Catonsville

Balto.

Md.

10 W. Padonia Rd. Martin D. Lawson.

BY REGISTRAN 25 WAREGISTRAN'S SIGNATURE

Late 1. Language of the late of the control of the THE YEAR OF THE PROPERTY OF TH Lacate Lacate or, 107 . Lactonia Id.

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STATE OF MARYLAND

1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST	2	G.	11.	all.	20 DATE OF DEATH	02/0	6185	26. HOUR M
3. SE		1. RACE	lack	5. DATE C		6. AGE (INYEARS LAST BI	YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U. S		WIDOWE		9. BALTIMORE CITY O	re Cou	nty	MD.
	Baltimore	Baltim	ore Count	y Gene	eral Hospital	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Dietician	OF WORKING LIFE		Schools
13a.	AL RESIDENCE (IF NURSING HOME STATE 136 CO Maryland		13c. CITY OR TOW Baltimo	VN	13d. INSIDE CITY LIMITS? YES NO 1	13e.STREET ADDRESS	/ ZIP CODE	12 Shi	oley Ave
14. F	ATHER'S NAME FIRST PERCY	MIDDLE	Greene		15. MOTHER'S MAIDEN NAI FIRST Irene	WIDDLE		LAS	
	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES)			Irene J. Gair	12 Shi nes Baltim			1 21228
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	((c)	OR AS A CONSEQU		NOT RELATED TO THE TERM	LIN AL DISEASE OR CON	IDITION GIV	EN IN PART III	
ERTIFICATION	19a DATE OF OPERATION	196. CONI	NAME OF THE OWNER.						
			DITION FOR WHICE	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
U	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH D		N WAS PERFORMED	YES NO	IN CERTIF	YING CAUSES	OF DEATH?
MEDICAL CERT	OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY A.M. MONTH D	PAY YEAR		YES NO	IN CERTIFY	YING CAUSES	OF DEATH?
U	OR CONTRIBUTING CAUSE OF THE EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY LIREET, FACTORY, OFFICE, the deceosed from	PAY YEAR 19	21E HOW INJURY OCCURE	YES NO RED (ENTER NATURE OF IN)	IN CERTIFY YES	YING CAUSES S ART I OR PART 2) COUNTY	OF DEATH? NO STATE
U	OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHIEE NOTIFY HER AT WORK 220.1 certify that (1) (this has sow the decaded alive above, (1) (wouldid) (did 22b. SIGNATURE	DEATH HOUR AND PRINCE STATE OF THE PLACE (AT HOME S SPITOL) oftended on the place of the place o	OF INJURY A.M. MONTH D P.M. E OF INJURY LIREET, FACTORY, OFFICE, the deceosed from	PAY YEAR 19	21E HOW INJURY OCCURP 211 LOCATION STREET , 19 and that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	YES NO RED (ENTER NATURE OF IN)	IN CERTIFYES	YING CAUSES S ART I OR PART 2) COUNTY	OF DEATH? NO STATE that (I) (We) last couses stated
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DHMH - 16 50M 4/B3 (VRA 15, 4)

(SPECIFY)

TO FUNERAL DIRECTOR. shauld be detached for with the State Dept of

Burial 2/11/1985 Western Star Cemtery

14 Nutbers & Sons 2501 Gwynns Falls Parkway

Funeral Home Inc. Baltimore, Maryland 21216

23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

COUNTY Baltimore, Maryland

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

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STATE OF MARYLAND

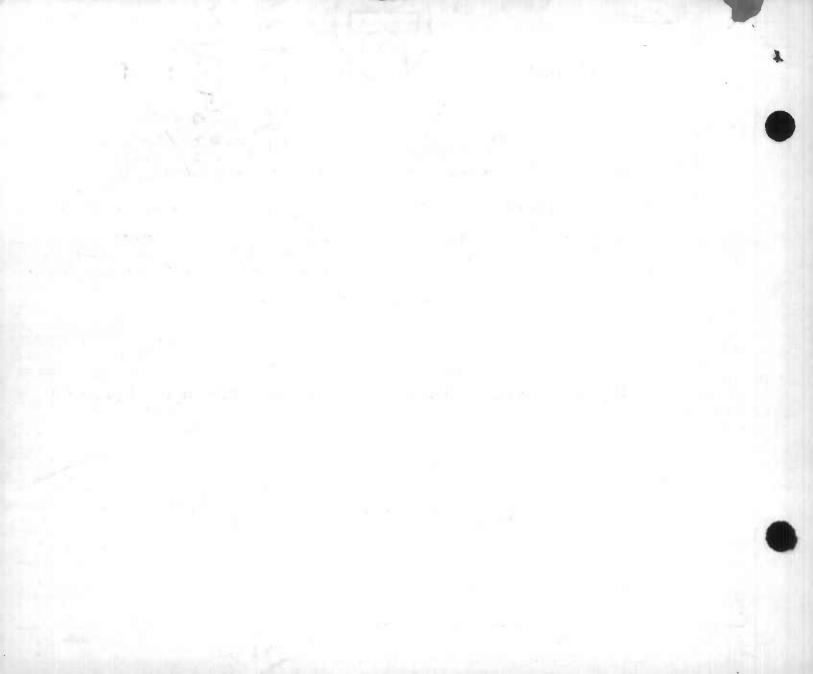
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) NSEN MINNIE 4. RACE IF UNDER I YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR HOURS WHITE - EMALE 09 03 10 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE | STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED KX Maryland USA SUNTY WIDOWED DIVORCED [Baltimore(CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY never worked USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13e.STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 6811 Campfield Rd. 21207 Maryland Baltimore Lochearn 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Oscar Hansen Anna Benke ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 21207 Baltimore. MD Augsburg Lutheran Home 6811 Campfield Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c). PART I. DEATH WAS CAUSED BY SRONCHOPNEUMONIA. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 POXIC DRAIN 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [710 ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART) OR PART ?) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased fro saw the deceased alive on and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING * MEDICAL STAFF agneeur **PHYSICIAN** DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS RANDAUSTOWN MI) 1 ASNEEM 5401 23a BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN Burial 2-25-85 Baltimore Immanuel Cemetery City 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

21133

DHMH - 16 50M 4/83 (VRA 15, 4)

8728 Liberty Rd. Randallstown, MD



1	L	STATE REGISTRAR CEASED NAME FIRS		CERTIFICATE OF DEATH	REG. NO.	AY YEAR 2b. HOUR.
m £		Flor	ence M.	Harant	February	0= //
) and the death	3 SI	Female	RACE White	August 7, 1897		F UNDER 1 YEAR IF UNDER 24 HOURS M
Thought Thought	/1	SIRTHPLACE (STATE OR FOREIGN COUNTRY) taton Island	V. 4. CITIZEN OF WHAT COUNTRY		Baltimore COUNTY Baltimore County	
urs after	/	atonsville	11. NAME OF HOSPITAL, NURS UF NOT IN SUCH FACILITY, GIVE STREE JUNIET NURSING		178 USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWLLE	12h. KIND OF BUSINESS
Hilled in	USU 13a	STATE 1136.4	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE LINE CUTY OR TO WEISTER	WE ADMISSION) WIN 131. INSIDE CITY LIMITS? YES NO NO	130 STREET ADDRESS O	71136
uted with	14.5	ATHER'S NAME FIRST Jeremi	ah Harris	15. MOTHER'S MAIDEN NA		LAST
be exec	160	WAS DECEASED EVER IN U. (IF YE	S. ARMED FORCES? 166 SOCIAL SEC S. GIVE WAR OR DATES) 212-74-	URITY NO 17 INFORMANT	. Harant, 211 3rd	Ave. Reister
that the death certif by the attend on the e remove carkin into c cremation, or wind or other traum the		PART I. DEATH WAS C.	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	tive Heart Failure		RETWEEN ONSET AND DEA
aw requires een signed Then pleas ior to burial any injury,	NOIL	1. Cere	bral Ischemia	2. Osteoporosis		
in. The has be to permit to permit. The permit of the pe	CERTIFICATION	19a DATE OF OPERATION		H OPERATION WAS PERFORMED	YES NO YES	WERE FINDINGS USED VING CAUSES OF DEATH?
PHYSICIA g physicial his certific rial-transil Mental Hy or Item 1	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXAM	DE DEATH HOUR A.M. MONTH (21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18, PA	RT I OR PART 2)
attending: After til as the bu lith and is marked	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
TAL OR ATTER The hospital or AL DIRECTOR grached for use ite Dept. of Hea IT: If Item 21 ii		27a I certify that (I) (this sow the deceased almobove, (I) (we) (did) (nospital) attended the deceased from re on FED. 14, 19 id not) view the body ofter death.	ond that in (my) (aur) apinian DEGREE	death occurred on the date and hour	and from the couses stated feb. 15, 8
TO HOSPITAL retained by the TO FUNERAL should be detact with the State E IMPORTANT:		James E. Ko	ove, M. D.	220 ADDRESS 413 Commons	wealth Avenue Ba	lto., Nd. 212
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial	Feb. 18,1985 H		Baltimore, Md.	COUNTY STATE
DHMH-16 25M (VRA 15, 4) 1/79	14	UNERAL DIRECTOR	L Home. Reistenste		TE REC'D. BY REGISTRAR 251. REGISTR	AK S SIGNATURE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR			OF HEALTH AND MENTAL HYD TIFICATE OF DEATH	REG. NO.	0	
1. D	JOH	IN R		HARLING	20 DATE OF DEATH MONTH 2/24/85	DAY YEAR	2b. HOUR 5:10 pm
1.5	male	white	10 ₁	TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) 64 YR	IF UNDER I YEAR	IF UNDER 24 HRS
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76. CITIZEN OF WE	A. WIDO	RRIED NEVER MARRIED	Baltimore cou		MD.
IT	OWS ON	(GBMC) 6	701 N. char	rles St.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN Mech. Engineer	GUFET INDUSTRY	Hospital
13a M	UAL RESIDENCE (IF NURSING HOME STATE 136 CO Balt	UNTY	ve residence before admiss It. CITY OR TOWN POWSON	13d. INSIDE CITY LIMITS? YES NO 2	13e STREET ADDRESS / ZIP CO		21204
A	FIRST TIPLE WAS DECEASED EVER IN U.S., A	AAARMED FORCES?	Harling, S b SOCIAL SECURITY N	er. Edna	MIDDLE C. ADDRESS	cr	osland
N		L	28-10-7639	Rita C. Har	ling - Same as		
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	SED BY	rdiopulmon:	ary arrest			inutes
NOI	Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR A	Sepsis AS A CONSEQUENCE O		minal disease or condition		nours
CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERA	ATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDIN RTIFYING CAUSES YES [OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DAY YE	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART 2)	
MEDICAL	21d INJURY OCCURRED		FACTORY, OFFICE FARM ETC		CITY OR TOWN	COUNTY	STATE
	220 I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	spital 12/24/d the of an anathries the body at	deceased from 85		death accurred on the date and		that (I) (we) last causes stated
	226 SIGNATURE		ed MD	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE Z/.	SIGNED 24/5/5
L	Hal C. Cla	ark	silli P		N. Charles St.		
	BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
24	urial FUNERAL DIRECTOR	2-27-8	ADDRES 1050	York Rd. 250 DA	Towson, Balti TE REC'D BY REGISTRAR 736 REC 2 0 1985		
LR	uck Towson FUN	ERAL Home,	Inc. Towson	n.Md. 21204	4		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate the shooled be detached for over on the bound-framest growth the Store Dept. of Health and Mental Hyper IMPORTANT, If hem 21 is morked or term 18 shoots.

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	701 H. Simming St.	GILC 6	Cleric	Mal C.

Balto. MD

21212

4905 York Road

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

1:30 IF UNDER 24 HRS

17b. KIND OF BUSINESS OR

Own Home

1985

IF UNDER I YEAR

MONTHS DAYS

INDUSTRY

Norris

MD

YES [

COUNTY

22¢ DATE SIGNED

Gibson Island.

APPROXIMATE INTER

21056

NO [

MD STATE

STATE

2a. DATE OF DEATH

DHMH - 16 50M 4/83

(VRA 15, 4)

STATE

1. DECEASED NAME

REGISTRAR

183012 FM ... AND ... L. T. ... AND ... AND ... 17 17

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG	NO.

REGISTRAR		CERTITI	CAIL OF PLATE		REG. NO).		
I. DECEASED NAME FIRS	T MIDDLE	L	AST	2a. DATE	OF DEATH	MONTH I	DAY YEAR	2b. HOUR
	rence HARTMAN				uary 25			3:08a M
3. SEX	4. RACE	5. DATE O			IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Female	White		26-1899 YEAR	8		YRS.		
AMPERTHPLACE (17 ATT OF FOREIGN	76. CITIZEN OF WHAT COUN	MARRIEL	NEVER MARRIED		MORE CITY OF	_		
Maryland	USA	WIDOWE			timore			MD
18. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION		AL OCCUPATION OF LORK EOR MOST OF			OF BUSINESS OR
Balto., Coun	t. Franklin S			Hom	<u>eMaker</u>		1	
MD III	COUNTY 13c. CITY OF	o. City	-	480	T ADDRESS / 2 Midl			1206
14 FATHER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEL		MIDDLE		LAS	51
John	H. TRages		Johani	na	L.	FF	Siek	pert
60 WAS DECEASED EVER IN U.		8-8874	17 INFORMANT				C - 1	. To 70
INO	¥13-4	0-00/4	Emma P. 1 Baltimore					MATE INTERVAL ONSET AND DEATH
Canditions, if any, whis gave rise to immedia cause [a], stating the underlying cause last	te DUE TO, OR AS A CON	psis SEQUENCE OF	NOT RELATED TO THE	TERMIN AL DISE	ase or coni	DITION GIV	/EN IN PART 10	o
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	200 A	UTOPSY?	IN CERTIF	S, WERE FINDII	
CAUSE CAUSE	LIQUID A MA MONIT	H DAY YEAR	21¢ HOW INJURY O	CURRED (ENTE	NATURE OF INJUR	Y IN ITEM 18 P	PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EX		19				7 46		
(IF EITHER NOTIFY MEDICAL EX-	21e. PLACE OF INJURY LAT HOME STREET, FACTORY, (OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
saw the deceased all	hospital) attended the deceased we on February 25 days view the body after death.	_19_ <u>85,</u> an	nd that in (X)X (aur) ap		ebruary orred on the do	25 ite and hau	00	
22b. SIGNATURE Ulreen	E Yeldhou		DEGREE 10 ATTENDII PHYSICIA	NG MEDIC	AL STAF	F IAN (2/2	5/85
22d. PHYSICIAN'S NAME Doreen	E. Feldhouse, M.	.D.	9000 Fran	klin Sq	uare Di	·., 2T	1237	
230 BURIAL, CREMATION, REMO Burial	23b. DATE 2-27-85	Parkwo		Ba	CATION CITY OR TOWN		Baîto.	MD
ohn C. Mille	r, Inc., 6415 212	Belair	Rd. 256	FFR 28	REGISTRAR	1)	Davidson-	

DHMH - 16 50M 4/B3 (VRA 15, 4)

	A P J Prince			
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		B. B. B. C.	A. Party	ESV-FILT
	Circ 22, 290 3273			
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CERTIFIC

MEDICAL

FOR - STATE REGISTRAR

3 SEX

DECEASED NAME

FEMALE

TOWSON

MARYLAND

14 FATHER'S NAME

Ta. BIRTHPLACE (STATE OR FOREIGN

MARYLAND

CITY OR TOWN OF DEATH

CHARLES

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

M.

4. RACE

SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI

(IF YES, GIVE WAR OR DATES)

WHITE

(TYPE OR PRINT)

STATE OF MARYLAND

LAST

5. DATE OF BIRTH

MARCH

WIDOWEDX

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

166. SOCIAL SECURITY NO.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

HAUENSTEIN

MARRIED NEVER MARRIED

YEAR

190

DIVORCED

MARY

13d. INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN N

17 INFORMANT

	RE	G. NO.					
	2a. DATE OF DEA	TH MONTH	DAY	YEAR	2b. h	HOUR	
	FEBRUAL	RY 9,	19	85	9	115	5/
	6. AGE (IN YEARS LA	ST BIRTHDAY)		NDER 1 YE		NDER 2	-
3	81	YF	RS.	THS DAT	rs HQI	JR2	MIN
	9 BALTIMORE CI	TY OR COU	NTY OF	DEATH	123	-113	
	BALTIN		COU	NTY			M
	12a USUAL OCCL			126. KINE		SINES	SO
E	HOMEM A	KER	NO LIFE)	HOI	ΪE		
	305 E	JOP	PA :	RD.	212	207	ł
IAN		111-116		700		77	
	ELIŽ	BETH		G.	LL		
Т	A	DDRESS		2109	93		
(ERMANO	GREE				VE.	
Т	C.			BETWE	OXIMATE EN ONSET	INTERV AND D	AL
4	arren	1		A	ud	de	1
/	0	11		,	_		
12	2 V COLLU	Mercu		7-	54	AS.	

(YES, NO OR UNKNOWN) GLORIA 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO OR underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ATION

190 DATE OF OPERATION

21d. INJURY OCCURRED

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING TO CAUSE OF DEATH

LIF EITHER NOTIFY MEDICAL EXAMINER

NOT WHILE

CHARLES F.

saw the deceased olive on FEB

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 19 P.M

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC)

21e. PLACE OF INJURY

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

HELEN

76 CITIZEN OF WHAT COUNTRY

U.S.A.

211. LOCATION

CITY OR TOWN

and that in (my) (come) opinion death occurred an the date and hour and from the causes stated

NO

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

STATE

NO F

23b. DATE

22a.1 certify that (1) (this hospital) attended the deceased from

O'DONNELL, M.D.

22e ADDRESS 7501 YORK

ATTENDING

STATE

CREMATION

23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

PHYSICIAN DIRECTOR PHYSICIAN

CEMETERY

COUNTY

24 FUNERAL DIRECTOR

MOUNT WILLIAM E. JOHNSON8521 LOCH RAVEN BLVDiren

DHMH-16 30M 2/80 (VRA 15, 4)

MPORTANT.

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8728 Liberty Road Randallstown, Maryland 21133

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIS

FOR

- STATE

the state of the s Tell Sea and

ALCS Inc. and Co. Co., and Co. Co., and Co.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

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FOR - STATE REGISTRAR I. DECEASED NAME

CAMPE OR PRINTS

STATE OF MARYLAND

DEPA	CERTIFICATE OF DEATH	GIENE REG. N	10.				
	tast.	20 DATE OF DEATH	MONTH	DAY	YEAR	26. HOL	JR
on	HAYES	February	23.	. 198	35	11:	26r
	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI			RIYEAR	IF UNDER	1 54 HK
	MONTH DAY YEAR			MONTHS	DAY5	HOUR5	MIN

3 SEX Male TO BIRTHPLACE ISTATE OF FOREIGN

Edward

7h CITIZEN OF WHAT COUNTRY?

USA

Hilt

Jan. 7 1928 MARRIED NEVER MARRIED

BALTIMORE CITY OR COUNTY OF DEATH Baltimore County

Gastonia. N. C. IL CITY OR TOWN OF DEATH

Rossville 21237

11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION Franklin Sq. Hospital

120 USUAL OCCUPATION Welder

Areo Space

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland

Baltimore

White

13c CITY OR TOWN LAST

YES | NO 12/2 15. MOTHER'S MAIDEN NAME

Georgia

13d. INSIDE CITY LIMITS?

13e.STREET ADDRESS / ZIP CODE 9 Fairway Rd. 21221

14 FATHER'S NAME Ed

Hayes 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c)

166 SOCIAL SECURITY NO

17 INFORMANT

Atherosclerotic Cardiovascular Disease, Severe

9739PBird River Rd.

Webb

20n AUTOPSY?

Larry Hayesm Son Faltimore, Md. 21220

Conditions, if ony, which gove rise to immediate

couse (a), stoting the

underlying couse lost.

19n DATE OF OPERATION

PART I. DEATH WAS CAUSED BY

DUF TO, OR AS A CONSEQUENCE OF

AT HOME, STREET, FACTORY, OFFICE FARM, ETC 1

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFIC ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Light 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

7 In ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINERS

21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.

21e. PLACE OF INJURY

YEAR

20h, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2

CITY OF TOWN

NOT WHILE

21d INJURY OCCURRED

22a.1 certify that (1) (this hospital) attended the deceased from Eebruary sow the deceased alive on February 23 19 85 , and that a obove, (1) (we) (did) (did nat) view the body after death.

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

226. SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

STATE

STATE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

21L LOCATION

Dan Morhaim MD

23c. NAME OF CEMETERY OR CREMATORY

9000 Franklin Square Dr., 21237 23d LOCATION CITY Baltimore Cown, Md.

230 BURIAL, CREMATION, REMOVAL Burial

CERTIFICATION

MEDICAL

2/27/85

Mem Garden

2.0 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

Should be deto MPORTANT

the buriol-tronsit and Mental Hygie

Home PA Funeral

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